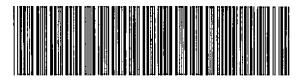
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COVER LETTER

	ivision of Cor			e.	
oun iron		astle Management, LLC			
SUBJECT	l:	Name of Lim	ited Liability Company		
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please rett	um all correspoi	ndence concerning this matter	to the following:		
		LILLY VALLADARES			
			Name of Person		-
		Fences & Castle Managem	ent, LLC		
			Firm/Company		-
		14359 MIRAMAR PARK	WAY STE 206		22 SEP
			Address		
		MIRAMAR FL 33027			12
			City/State and Zip Code		84 :01 HA
mgonzalez@turnercpas.com E-mail address: (to be used for future annual report notification)				ئ ن	
For further	r information co	n-mail address. (on nouncation)	σ.
	ALLADARES	meeting and name, presse	 786 457-9	300	
		·	at ()	Daytime Telephone Number	
	Name of	Person	Area Code	Daytime Telephone Numbe	ı
Enclosed i	is a check for th	e following amount:			
≣ \$ 25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	ate of Status &
	Mailing Address		Street Add		
	Registration S Division of Co			on Section of Corporations	
		•		a —	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HLV NITRO PLANTATION LLC

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our re lability Company)	cords.)		
The Articles of Organization for this Limited Liability Company	were filed on <u>06/25/2021</u>	and assigned		
Florida document number L21000295989				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
FENCES & CASTLE MANAGEMENT LLC				
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"L.LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		22		
		SEF		
Enter new mailing address, if applicable:				
•				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street a	idress		
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dutie rovided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
		· 	□Add
			□Remove
			☐ Change
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific and cannot be ock does not meet the ap	oplicable statutory	or more than 90 days after	ional) r filing.) Pursuant to 60: is date will not be list	5.020 ted a
record specifies a delayed effective is filed.	date, but not an effecti	ve time, at 12:01 a	a.m. on the earlier of: (o) The 90th day afte	r the
	2022				
ated AUGUST 17	· · · · · · · · · · · · · · · · · · ·	 ·			
ated	Signature of a member or	authorized represent	tative of a member		

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Filing Fee: \$25.00