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Tallahassee, FL 32314

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mendment and fee(s) are sub	mitted for tiling.	
dence concerning this matter	to the following:	
ENLY	Name of Person	.
	Firm/Company	
1365 FA	US Drave E Address	
HIGHL	City/State and Zm Code	STATE OF STATE STA
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ncerning this matter, please ca	ali:	Ti W
Sheehy	at (<u>561</u>) <u>818-9</u> (Atea Code Daytime	562 e Telephone Number
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	Street Address: Registration Sec	ction
	Division of Cor The Centre of T	•
	Mame of Lin Mame	The Hock of Limited Liability Company mendment and fee(s) are submitted for tiling. dence concerning this matter to the following: EMERSON SHORT SHORT Name of Person Firm/Company 13 15 FAUS Drave E Address HIGH LONDS NC. 287 City/State and Zip Code behalf address: to be used for future annual report not incerning this matter, please call: Sheeky at 561 818 90 Area Code Daytim following amount: S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration See provision of Corporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ 226 MOCCASIN TRAIL	WEST, LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny <u>as it now appears on our records.</u>) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 6/28/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Linhted Liabil	
The new name must be distinguishable and contain the words "Linfited Liabil	
Enter new principal offices address, if applicable:	170 Celestial Way, 4-4
(Principal office address MUST BE A STREET ADDRESS)	170 Celestial Way, 4-4 June Beach, FL 33408
	/
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1365 FAUS DRIVE E. HIGHLANDS, N.C. 28741
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	7 KU
New Registered Office Address:	
	Enter Florida street address (770)
	Florida
	City 🗀 🖼 Code · ·

New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or rete: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.	2023 nore than 90 da ng requiremen	(option ys after fi its, this c	i al) ling.) Pur late will	suant to not be	605.0207 listed as
	on the earlier	r of: (b)	The 90	th day a	fter the
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ted April 2 rd , 2023.					
is filed.	e of a member				

Filing Fee: \$25.00