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COVER LETTER

enn re		ninion LLC				
SUBJEC	Name of Limited Liability Company					
The enclo	osed Articles (of Amendment and fee(s) are sub	omitted for filing.			
Please ret	turn all corres	pondence concerning this matter	to the following:			
		Molly Dunphy				
			Name of Person			
		Dunphy Properties				
	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filling. return all correspondence concerning this matter to the following: Molly Dunphy					
		21760 SR 54, Suite 102				
			Address			
Firm/Company 21760 SR 54, Suite 102 Address Lutz, FL 33549						
	921 DEI					
		E-mail address:	(to be used for future annual report notification)	0 - 7		
For furth	er information	concerning this matter, please of	all:			
Molly D	unphy			့ ့ လို		
-	Name	of Person		12. 12.		
Enclosed	is a check for	the following amount:				
\$25. 0	00 Filing Fee		Certified Copy Certificat (additional copy is enclosed) Certified	te of Status & Copy		
	Registration	n Section Corporations				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J 38 Dominion LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{6/30/21}{1}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 10:10 Bee Cave LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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.

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>	<u>Address</u>	Type of Action
MGR	Jim Dunphy	21760 SR 54, Suite 102	
		Lutz. FL 33549	■Remove
			□Change
MGR	DUNPHY DEVELOPMENT LLC	21760 SR 54, Suite 102	∃ Add
		Lutz, FL 33549	□Remove
			□ Change
AMBR	DUNPHY PROPERTIES LLC	21760 SR 54. Suite 102	≣ Add
		Lutz, FL 33549	□Remove
			□Change
AMBR	SAS ROSS HOLDINGS LLC	12824 Dupont Circle	≣Add
		Tampa, FL 33626	□Remove
			□Add
			□Remove
			Change
			□ Add
			□Remove
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<u>te:</u> If the date inserte	ed in this block doe	es not meet th	e applicable s	tatutory filing r	equirements, this	date will not be l	isted a
cument's effective da	te on the Departme	ent of State's	records.				
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Filing Fee: \$25.00