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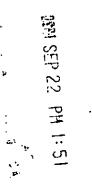
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

ŢO:

418 Mar SUBJECT:	ner LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for tiling.			
Please return all corres	pondence concerning this matter	to the following:			
	Dean L. Willbur, Jr.				
	Name of Person				
	Dean L. Willbur, Jr., P.A.				
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	···		
	11380 Prosperity Farms Ro	oad, Suite 110A			
		Address	<u>.</u>		
	Palm Beach Gardens, Flori	ida 33410			
		City/State and Zip Code			
	Staci@deanlwlaw.com	to be used for future annual report notif			
For further information	n concerning this matter, please c	·	neation)		
Dean L. Willbur, Jr.		561 775-7577			
Num	e of Person	at () Area Code Daytime Telephone Number			
Enclosed is a check fo	r the following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Add		Street Address:			
Registration Division of	a Section Corporations	Registration Section			
P.O. Box 6		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

418 Mariner LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records Liability Company)	<u>,</u>)
The Articles of Organization for this Limited Liability Company	were filed on July 2, 2021	and assigned
lorida document number L21000305380		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		- <u></u>
		P 22
Enter new mailing address, if applicable:		-P
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter t</u>	he name of the new regis
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	City	Zip 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.

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>	Name	Address	Type of Action
AMBR	John A. Pescatore	357 Regatta Drive, Jupiter, Florida 33477	🗆 Add
			≣Remove
			□Change
AMBR	Michael A. Pescatore	357 Regatta Drive, Jupiter, Florida 33477	\exists Add
			□Remove
			□Change
			CÂdd
			ORemove
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			□ Ad d
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fective date, if other the n effective date is listed, the conte: If the date inserted in cument's effective date or	late must be specifi this block does t	ic and cannot be pr not meet the app	rior to date olicable st		than 90 days		
ecord specifies a delayed or is filed.	effective date, bu	t not an effective	e time, at	12:01 a.m. on	the earlier o	f: (b) The	90th day after
ted August 30)		 ·				
Qui	Doncat	of a member or as					

Filing Fee: \$25.00