121000346324

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. COVER LETTER

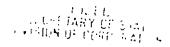
	gistration Se ision of Cor			ŗ					
CHDIFOT.	Latour Land	d Trust, LLC							
SUBJECT: Name of Limited Liability Company									
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return	all correspo	ondence concerning this matter	to the following:						
		Kyle J Gellis							
			Name of Person						
		Latour Land Trust, LLC							
			Firm/Company						
		401 S County Rd #3105							
			Address	, <u>.</u>					
		`Palm Beach, FL 33480							
		info@latourlandtrust.com	City/State and Zip Code						
			to be used for future annual rep	ort notification)					
For further in	nformation c	oncerning this matter, please ca	all:						
Kyle J Gellis	S		561 308-0	695					
	Name o	f Person		Daytime Telephone Number					
Enclosed is a	check for th	ne following amount:							
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)					
,	iling Addres		Street Add						
Registration Section Division of Corporations		Registration Section Division of Corporations							
	D. Box 632	-		e of Tallahassee					

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Latour Land Trust, LLC

company has been notified in writing of this change.

2022 JUL 21 AM 11: 27

(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 $\frac{08/05/2021}{-}$ __ _ and assigned - Florida document number 1.21000346324 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 401 S County Rd Enter new principal offices address, if applicable: #3105 (Principal office address MUST BE A STREET ADDRESS) Palm Beach, FL 33480 401 S County Rd Enter new mailing address, if applicable: #3105 (Mailing address MAY BE A POST OFFICE BOX) Palm Beach, FL 33480 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 . Florida 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

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
			□Add
			□Remove
			□Change
			/ □Add
			Remove
			☐Change
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			□Change
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ective date, if other than the effective date is listed, the date in this	nust be specific and cannot	be prior to date of	filing or more tha	(option	ling.) Pursuant to	605.029 listed :
ument's effective date on the			mory ming requ	mements, ans c	iale will not be	iistea t
cord specifies a delayed effect s filed.	ive date, but not an effe	ctive time, at 1.	2:01 a.m. on the	earlier of: (b)	The 90th day a	ifter th
ed July 18	2023			_		
		-//		•		
	Signature of a mainher	or authorized for	resentative of a m	ember -		