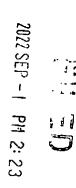


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COVER LETTER

10:

Registration Section Division of Corporations

Tallahassee, Fl. 32314

SUBJECT: AlcaTreyTsland LLC Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing Please return all correspondence concerning this matter to the following:		
Ralph "Trey" Johnson		
AlcaTrey Island LLC Firm Company		
23302 Gracewood Circle		
Land O Lakes FL, 34639 City State and Zip Code Aloo Torra Tolond @ compile comp		
AlcaTreyTsland@amail.com E-mail address: (to be used for fundre annual report nontication) For further information concerning this matter, please call:		
Ralph "Trey" Johnson at 1813 629 - 7415 Name of Person Area Code Daytime Telephone Number	2022 SEP - 1 PM	
Enclosed is a check for the following amount:	PM 2: 23	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AlcaTreyIsland LLC	
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.1
The Articles of Organization for this Limited Liability Company were filed on $8/30$ Florida document number $L21000386177$	2021 and assigned
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	a "EEC" or the abbreviation "E. E. C."
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)	<u> </u>
	2022
B. If amending the registered agent and/or registered office address on our records, agent and/or the new registered office address here:	enter the name of the new registered
	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	19 3
Enter Florida street	sildi ess
	1:b + 1

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.

Cm



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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Filing Fee: \$25.00