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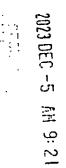
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			COVER LETTE	ĸ	
TO: Registratio Division of	n Section Corporations			•	* **
SUBJECT: 4	EVER	YOUNG A	PARICIAND L orted Liability Company	ıc	
		Name of Lin	orted Liability Company		
The enclosed Article	s of Amendme	ent and fee(s) are sul	omitted for filing.		
Please return all corr	espondence co	ncerning this matter	to the following:		
		Dorce	Name of Person		
			TAK Soc		
		110 €	B COWARD Address	BWD #	=1700
		Ft. LA	OoCDACE City/State and Zip Code	FL :	3 3 3 0 1
			oo		
For further informati	on concerning	this matter, please of	rall:		
Do	2000	SCHMIP	at (<u>95Y</u>) Atea Code	764-6	5300
Na	me of Person		Area Code	Daytime Ve	lephone Number
Enclosed is a check i	for the followin	រតិ autonut:			
VI \$25.00 Filing Fe		.00 Filing Fee & entificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclo
<u>Mailing Ad</u> Registrati	dress: on Section		<u>Street A</u> Registr	<u>ddress:</u> ation Sectic	911
Division of	of Corporatio	ons	Division of Corporations The Centre of Tallahassee		
P.O. Box Tallahass	6327 ee, FL 3231-	1			anassee treet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEVER YOUNG PARKLAND LLC	
(<u>Name of the Limited Liability Company as it now appears on our records.)</u> (A Florida Limited Liability Company)	
he Articles of Organization for this Limited Liability Company were filed on $\frac{10/11/2021}{2021}$ and assigne lorida document number $\frac{221000443813}{2021}$	·d
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
GULUWASH PARICLAND LLC he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	•
ater new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	
ي المجادة. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered office address here</u> :	<u>gistere</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Florida sweet address	
. Florida Florida Zip Code	
City Zip Code	
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ar	vith the nd

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			\ \ \ \ _ \tag{\tag{Add}}
			¬Remove
			(□Add
			☐ Change
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			□Remove
			F.Change

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 -	
	
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(It an effective Note: If the	date, if other than the date of filing:
nd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	11/27/ 2023.
-	Signature of a member or authorized representative of a member
	Carlton Wishington Typed or printed name of signer