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| (Re                     | questor's Name)   |           |
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| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nam | ne)       |
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| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

| TO: Registration Division of C  | Section<br>orporations                                    |   |  |
|---------------------------------|---|---|--|
| Poinciana SUBJECT:              | a Investor, LLC   |   |  |
| · ·                             | Name of Li  | mited Liability Company   |  |
| The enclosed Articles           | S. S. Sansarda, A. S. |   |  |
|                                 | of Amendment and fee(s) are su                            |   |  |
| Please return all corresp       | ondence concerning this matte                             | r to the following:   |  |
|                                 | Michael P. Peterson                                       |   |  |
|                                 |   | Name of Person  |  |
|                                 | Peterson, Baldor & Marai                                  | nges PLLC   |  |
|                                 |   | Firm/Company  | <del></del>  |
|                                 | 8000 SW 117 Avenue, Su                                    | ite 206   |  |
|                                 | ·   | Address   |  |
|                                 | Miami, Florida 33183                                      |   |  |
|                                 | michael@pbmlegal.net                                      | City/State and Zip Code   |  |
|                                 | · -   | to be used for future annual report not                             | (figurion)   |
| For further information of      | concerning this matter, please c                          |   | diton,   |
| Michael P. Peterson, Est        | q.  | 305 270-3773  |  |
| Name o                          | f Person  | at ()<br>Area Code Daytim   | e Telephone Number   |
| Enclosed is a check for the     | he following amount:                                      |   |  |
| ■ \$25.00 Filing Fee            | S30.00 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 Addres                  | <u>s:</u>   | Street Address:   |  |
| Registration S<br>Division of C |   | Registration Sec  |  |
| P.O. Box 632                    |   | Division of Cor<br>The Centre of T                                  |  |

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Lin  |   |                          |
|---|---|--------------------------|
|   | nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)                    |                          |
|   |   |                          |
| Elected of Organization for this Limited  | Liability Company were filed on 10/22/2021  | and assigned             |
| Florida document number L21000459866  | <del></del>   |                          |
| This amendment is submitted to amend the following  | llowing:  |                          |
| A. If amending name, enter the new name   | of the limited liability company here:  |                          |
| Painted Rock, LLC   |   |                          |
| The new name must be distinguishable and contain the  | words "Limited Liability Company," the designation "LLC" or the   | abbreviation "L.L.C."    |
| Enter new principal offices address, if appli   |   |                          |
| (Principal office address MUST BE A STRE  |   |                          |
|   |   |                          |
| B. If amending the registered agent and/or agent and/or the new registered office addre       | registered office address on our records, enter the na  | me of the new registered |
| Name of New Registered Agent:   | Nicholas Zoumas   | 2021 180                 |
| tegistered onke addre   | Nicholas Zoumas 515 North Flagler Drive, Suite 210  | 232/1837                 |
| Name of New Registered Agent:   | Nicholas Zoumas  515 North Flagler Drive, Suite 210  Enter Florida street address                                   | 2021 1101                |
| Name of New Registered Agent:   | Nicholas Zoumas  515 North Flagler Drive, Suite 210  Enter Florida street address                                   | 3401                     |
| Name of New Registered Agent:  New Registered Office Address:                                 | Nicholas Zoumas  515 North Flagler Drive, Suite 210  Enter Florida street address  West Palm Beach  City. Florida 3 | 3401 23 Zip Code         |
| Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address: | Nicholas Zoumas  515 North Flagler Drive, Suite 210  Enter Florida street address  West Palm Beach  City. Florida 3 | 3401 72                  |

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  |
|-----------------------|------------------------------------|--------------------------------|-----------------|
| MGRM Zoumas, Nicholas | 515 North Flagler Drive, Suite 210 |                                |                 |
|                       |                                    | West Palm Beach, Florida 33401 |                 |
|                       |                                    |                                | <b>■</b> Change |
|                       |                                    |                                |                 |
|                       |                                    |                                | □ Remove        |
|                       |                                    |                                | □Change         |
|                       |                                    | □Add                           |                 |
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|                       |                                    |                                | □ Remove        |
|                       |                                    |                                | Change          |

| _                      | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)                              |
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|                        | re date, if other than the date of filing:   |
| docume                 | nt's effective date on the Department of State's records.  |
| e record<br>rd is file | specifies 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 _                | 10/26/21   |
|                        |  |
|                        | Signature of a member or authorized representative of a member   |
|                        |  |
|                        | Typed or printed name of signee  |

Filing Fee: \$25.00