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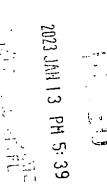
| (Re | questor's Name) | |
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| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Name |) |
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| Certified Copies | _ Certificates o | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|---|---|---|
| | SSEE LAND ACQUISITION I | LLC | |
| NOBJECT. | Name of Lim | ited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | Julie V. Fanelli | | |
| | | Name of Person | |
| | Fanelli Law Firm, PA | | |
| | | Firm/Company | |
| | 180 Fountain Pkwy N, Ste | :. 100 | |
| | | Address | |
| | St. Petersburg, FL 33716 | | |
| | | City/State and Zip Code | · |
| | jfanelli@fanellilaw.com | to be used for future annual report notif | fication) |
| For further information | concerning this matter, please c | | , |
| Julie V. Fanelli | | 813 384-4841 | |
| Name | of Person | Area Code Daytimo | e Telephone Number |
| Enclosed is a check for | the 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 Addre | <u>:ss:</u> | Street Address: | |
| Registration | | Registration Sec | |
| Division of (| Cornorations | Division of Cor | norations |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)



NARCOOSSEE LAND ACQUISITION LLC

2023 JAH 13 PM 5: 39

| (2) Florida Emilia (2) | (ability Company) | |
|--|--|--|
| The Articles of Organization for this Limited Liability Company | were filed on November 19, 202 | |
| Florida document number 1.21000498153 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| NARCOOSSEE APARTMENT PARTNERS LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity 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) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registered office a | ddress on our records, <u>enter</u> | the name of the new registered |
| agent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | |
| New Registered Office Address: | | . <u> </u> |
| | Enter Florida street addres | S |
| | , Flo | o rida Zip Code |
| N. B. Carlotte and Charles and | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, ar provided for in Chapter 605. | nd I am familiar with and F.S. Or, if this document is |
| | | |

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:

| of removed from our records: | | |
|------------------------------|--|--|
| • | | |
| MGR = Manager | | |
| AMBR = Authorized Member | | |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------------|----------------|
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| ective date, if other than the effective date is listed, the date in ee. If the date inserted in this ument's effective date on the | block does not meet the app | plicable statutory filing | (optional) e than 90 days after filing.) Pursu requirements, this date will n | tant to 605.020 ot be listed a |
| cord specifies a delayed effect s filed. | ive date, but not an effectiv | e time, at 12:01 a.m. or | the earlier of: (b) The 90th | day after the |
| January 11 ed | . 2023 | . | | |
| - No | Signature of a member or a | _ | | |
| | Cianatura of a mambar or a | uthorized representative o | fa mamhar | |
| | Signature of a member of a | unionzed representative o | i a memoer | |

Filing Fee: \$25.00