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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GREAT LAND DEALS LLC

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Page Count	04
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Great Land Deals LLC (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company v		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the ab	breviation "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)		That Pide a
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		70
New Registered Office Address:	Enter Florida street address	
	Florida	. 0
New Registered Agent's Signature, if changing Registered Agent:	City	− Zip Cade − ယ
hereby accept the appointment as registered agent and agree	e to act in this capacity. I further ag	ree to contply 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.

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
AMBR	Sami El Matri	7901 4TH ST N STE 300	ØAdd
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			ElChange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]Changa

<u></u>	Signature of a member or authorize			
Dated January 27	2023 NV Sm	A. A.		
ne record specifies a delayed effective ord is filed.		at F2:01 a.m. on the earlie	er of: (b) The 90th day afte	er the
Effective date, if other than the date must Mote: If the date inserted in this blood document's effective date on the Department.	he specific and cannot be prior to do ck does not meet the applicable	ate of filing or more than 90 d statutory filing requireme	_ (optional) ays after filing.) Pursuant to 605 ents, this date will not be list	5.0207 (3 ted as th
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