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COVER LETTER

TO: Registration S Division of Co		. •	
	E DOUBLOON DRIVE LLC	;f	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	*Amendment and fee(s) are sub	omitted for filing	
	ondence concerning this matter	_	
		g.	
	BLAINE C. DICKENSON	N, ESQ/	
		Name of Person	
	DICKENSON LAW P.A.		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	4800 N FEDERAL HIGH	WAY, SUITE E-100	
		Address	
	BOCA RATON, FL 3343	I	
		City/State and Zip Code	
	bcd@dmrslaw.com E-mail address: (to be used for future annual report n	orification)
For further information of	concerning this matter, please c	all:	
Blaine C. Dickenson		561 391-1900 at ()	
Name o	of Person		ime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration	Section	Street Address: Registration S	Section
Division of C P.O. Box 632		Division of C The Centre of	•
Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILE D

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JBLOON DRIVE LLC

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

. (A Flore	da Limited Liability Con	npany j	- ••
The Articles of Organization for this Limited Liability Florida document number L21000527096		on 12/14/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability comp	oany here:	
3937 INDIAN RIVER DRIVE LLC			
The new name must be distinguishable and contain the words "Li	mited Liability Company	y," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here:		our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Ei	nter Florida street address	
		, Flori	da
	City		Zip Code

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.

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
·			DAdd
			□Remove
			□Add
			□Remove
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ective date, if other than the	e date of filing:		(optic	onal)
effective date is listed, the date muter. If the date inserted in this b	ist be specific and cannot b	be prior to date of filing.	or more than 90 days after	filing.) Pursuant to 605.0
ument's effective date on the E	Department of State's re	ecords.	,	
	data hat are a constant	arius tima, at 12:01 a	m on the earlier of th	N. The 90th day after t
cord specifies a delayed effective filed.	ve date, but not an erre	ctive time, at 12.01 a	in. on the earner or. (b	, The Military affects
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ed January	26 . 21	0.77		
U	2	1//		
	Signature of a member	authorized representa	tive of a member	
Blaine C. Dickenson	<i> </i> .			