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(Re	equestor's Name)	
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COVER LETTER

Division of Cor					
4850 FP St				,a	
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing			
	ondence concerning this matter	•			
	James M. Clary, III				
		Name of Person			
	Jeremiah Baron Companie	es LLC			
		Firm/Company			
	49 SW Flagler Avenue #30	01		22 AUG 26	
	-	Address		UG 2	
	Stuart, FL 34994				
		City/State and Zip Code		P# I2: 07	
	jclary@commercialrealesta			: 0;	
		to be used for future annual report not	ification)	- :	
For further information c	oncerning this matter, please c	all:			
James M. Clary, III		772 678-5091			
Name o	f Person	at ()	ne Telephone Number	_	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing I Certificate of S Certified Copy (additional copy i	Status &	
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection		
Division of C	forporations	Division of Cor	rporations		
P.O. Box 632	.7	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4850 FP Storage LLC		
(<u>Name of the Limited Liability Co</u> r (A Florida Limit	mpany as it now appears on our recorded Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 1/27/2022	and assigned
Florida document number L22000048717		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	,
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3177 22
(Principal office address MUST BE A STREET ADDRESS	2	AUG NO.
		26 26
		P
Enter new mailing address, if applicable:		11 2:
(Mailing address MAY BE A POST OFFICE BOX)		07
B. If amending the registered agent and/or registered offi	ce address on our records, enter	the name of the new regis
agent and/or the new registered office address here:	· -	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Benjamin Holdings LLC	49 SW Flagler Avenue, #301	
		Stuart, FL 34994	■Remove
			Change
MGR	Jeremiah Baron	49 SW Flagler Avenue, #301	= Add
		Stuart, FL 34994	🗀 Remove
			□ Change
			22 AUG Remove
			PH Grange Grand Add
			Remove
			□Change
			⊡Add
			□Remove
			□Add
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ective date, if other than effective date is listed, the date	the date of filin	ig:		(oj	ptional)	(05.03(
e: If the date inserted in th	is block does not	meet the applica	ble statutory fil:	more man 90 days a ing requirements,	this date will not be	listed a
ument's effective date on the	he Department of	State's records.				
cord specifies a delayed eff s filed.	ective date, but no	ot an effective tir	ne, at 12:01 a.m	. on the earlier of:	(b) The 90th day a	after the

Typed or printed name of signee