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(Re	questor's Name)		_
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PICK-UP	WAIT	MAIL	
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Certified Copies	_ Certificates	s of Status	_
Special Instructions to	Filing Officer:		
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TO:

Tallahassee, FL 32314

	Registration Se Division of Cor				
SUBJEC		k Land & Tree LLC			
SOBJEC	.1:	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ondence concerning this matter	-		
		Filing Angela			
			Name of Person	· · · · · · · ·	
		ZenBusiness, Inc.			
			Firm/Company		
		336 E. College Ave., Suite	: 301		
			Address		22 A
		Tallahassee, FL 32301			AUG 26
			City/State and Zip Code		66 (1884)
		ra@zenbusiness.com			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
tion Comb	i f		to be used for future annual report notif	ication)	22 AUG 26 PM 4: 03
r or turth	er information c	concerning this matter, please c	au:		Ţ
Filing A	ngela		844 493-6249 at ()		_
	Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for the	he following amount:			
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURING Registration Section Division of Corpora Clifton Building	ก	

2661 Executive Center Circle

Tallahassee, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Broken Oak Land & Tree LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/08/2022}{}$ and assigned Florida document number 1.22000066937 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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>	Name	<u>Address</u>	Type of Action
AMBR	Andres Martin		□ Add
		3324 Gleneagles Dr Pace, FL 32571	■ Remove
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ffective date, if other than the date an effective date is listed, the date must be stote: If the date inserted in this block cocument's effective date on the Depart	does not meet the applic	cable statutory fi	r more than 90 days ling requirements	optional) after filing.) Pursuant to s, this date will not be	605.020 listed a
		ot an effectiv	e time, at 12:	01 a.m. on the ea	arlier d
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The 90th day after the record	is filed.		,		
e record specifies a delayed eff The 90th day after the record ated August 17 /s/ Daniel Hampton	is filed.	·			_

Page 3 of 3

Filing Fee: \$25.00