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COVER LETTER

	Registration So Division of Co		•				
SHD ITA		Kelly's Green at Pennbrooke LLC					
SUBJEC	l:	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and feets) are sub-	mitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		Michael Dempsey					
			Name of Person				
		ZenBusiness Inc.					
			Litm Company				
		5511 Parkerest Drive Suite					
			Address				
		Austin, Fexas, 78731					
			City State and Zip Code				
		fulfillment@zenbusiness.co	ni o be used for future annual report ii	othication)			
For furth	er information o	concerning this matter, please ca					
Michael	Dempsey c/o Z	enBusiness Inc.	844 493-6249				
	Name o	of Person	at () Vrea Code Day	time Telephone Number			
Enclosed	l is a check for t	he following amount:					
≡ \$ 25.	00 Filing Fee	Il \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (addaenateopy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Addre Registration		Street Address: Registration !				
	Division of C	lorporations	Division of Corporations				
	P.O. Box 6327		The Centre o	f Tallahassee			

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ILED OF

2022 HAR 16 AM 7: 07

Kelly's Green at Pennbrooke LLC

(Name of the Limited Liability Company as it now appears by little resords) OF STATE
(A Florida Limited Liability Company) TALLAHASSEE, FL

The Articles of Organization for this Limited Liability C		and assigned
Florida document number 1,22000086028	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Elorida street addres	v.
	Cnv.	orida
	Cny	Zsp 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. Thereby 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
AMBR	Kelly Allen	823 Old Oaks Lane	□Add
		1 cesburg, Ff. 34748	Remove
			■Change
AMBR	Daniel R Header	823 Old Oaks Lane	■Add
		Leesburg, FL 34748	□Remove
		··· — ·- · — — — — — — — — — — —	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Note: If the date inserted in thi	the date of filing:
e record specifies a delayed effe rd is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2022
/s/ Kelly Alien	
	Signature of a member or authorized representative of a member
Kelly Allen	

Filing Fee: \$25.00