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Special Instructions to Fi	iling Officer:	
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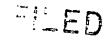
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COVER LETTER

TO: Registration S Division of Co		••	•
	N COUNTRY CLUB, LLC		•
SUBJECT:	Name of Lin	ited Liability Company	-
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Daniel Manausa		
		Name of Person	
	Manausa Shaw Minacci		
		Firm/Company	
	1701 Hermitage Blvd, suit	e 100	
		Address	
	Tallahassee, FL 32308		
		City/State and Zip Code	
	Danny@manausalaw.com		
	E-mail address: (to be used for future annual report not	ification)
For further information (concerning this matter, please o	all:	
Katie Rae		850 597-7616 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		<u>Street Address:</u> Registration Se	oction
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	27	The Centre of	l'allahassee
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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KILLEARN COUNTRY CLUB, 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 $\frac{2/25/22}{1}$ and assigned Florida document number L22000100348 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Killearn Club, LLC The new name must be distinguishable and contain the words "Limited 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 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 _, Florida _ 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
			□Remove
			□Change
			[]Add
			□Remove
			□Change
			□Add
			□Remove
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Signature of a member or authorized representative of a member	D. and Continuous (Mar. 9, 2023 07 03 M53)												
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Filing Fee: \$25.00