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COVER LETTER

TO: Registration Section Division of Corporations CORNERSTONE FLALC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Cynthia Davies Name of Person Cindy's Florida LLC Firm/Company 8051 N. Tamiami Trail Suite E6 Address Sarasota, FL 34243 City/State and Zip Code aapodaca@wyomingfleattorney.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cynthia Davies 300-0042 Name of Person Daytime Telephone Number Enclosed is a check for the following amount; ☐ \$60.00 Filing Fee. ■ \$25.00 Filing Fee \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

appears on our records.) uppany)
when it is
on <u>02/28/2022</u> and assigned
any here:
y," the designation "LLC" or the abbreviation "L.L.C." Tamiami Trail Suite E6
, FL 34243
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Tamiami Trail Suite E6
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)

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.

City

Sarasota 34243

Cynthia Davies
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	NAVE, BEN	1044 SE PRINEVILLE ST	□Add
		PORT SAINT LUCIE, FL 34983	■Remove
			□Change
AMBR	OLIVETREE CAPITAL LLC	1309 Coffeen Avenue STE 1200	= Add
		Sheridan, Wyoming, 82801	□Remove
			☐ Change
AMBR	Jaqui, Betsy	8051 N. Tamiami Trail Suite E6	= Add
		Sarasota, FL 34243	□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
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Filing Fee: \$25.00