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| SHON, LLC of Limited Liability Company | <u> </u> |
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| re submitted for filing. | |
| natter to the following: | |
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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

| | 0. | | |
|---|--|-------------------------------|-----------------------|
| • | | | 2021 7.1.1 |
| Dymanic Listings, | bility Company as it now appears rida Limited Liability Company) | | ر ا |
| (Name of the Limited Liab (A Flor | pility Company as it now appears | on our records.) | JUN 29 |
| | | | |
| The Articles of Organization for this Limited Liability | ·Company were filed on <u>M</u> | arch 3157, 202 | |
| Florida document number <u>88 - 212940 7</u> | <u></u> . | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the li | mited liability company her | <u>e</u> : | |
| austin Livingston, LLC | | | |
| The new name must be disting ishable and contain the words "L | imited Liability Company," the des | ignation "LLC" or the abbr | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADI | DRESS) | - | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| MANUAL DE TO TO THE BOX | | | |
| | | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | ed office address on our rec : | ords, <u>enter the name (</u> | of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florid | a street address | |
| | | , Florida | |
| | City | ,. r torida | 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 |
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| Effective date, if other than fan effective date is listed, the date | must be specific: | and cannot be prio | r to date of filing o | r more than 90 days a | p tional) fter filing.) Pur | suant to 6 | 505.0207 |
| Note: If the date inserted in thi document's effective date on the | s block does no | ot meet the applic | cable statutory fi | ling requirements. | this date will | not be li | isted as 1 |
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| record specifies a delayed effe | ctive date, but r | not an effective t | ime, at 12:01 a.r | n. on the earlier of: | (b) The 90 | th day af | iter the |
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| - | Signature of | M member or auth | iorized representat | ve of a member | | | <u> </u> |