5/27/22, 3 06 PM

Division of Corporations

682 Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MILAM HOWARD, ET.AL.

Account Number : I20000000206 : (904)357-3660 Phone : (904)357-3661 Fax Number

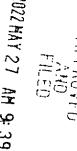
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: hdurham@milamhoward.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WILLOW + ASH LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILLOW - ASH LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)		
The Articles of Organization for this Limited Liability Company w Florida document number $\frac{4.22000162682}{1.0000162682}$	ere filed on April 5, 2022	and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company here:		
WILLOW AND ASH LLC		<u> </u>	
The new name must be distinguishable and comain the words "Limited Liability	Company." the designation "LLC" or the ab-	breviation "L.L.6	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 ad	ldress on our records, <u>enter the nam</u>	e of the new	registered
agent and/or the new registered office address here:			
Name of New Registered Agent:		2022 MA	
New Registered Office Address:	Enter Florida street address	727	
	, Florida	Zip Cotte	
New Registered Agent's Signature, if changing Registered Agent:	,	. : ယ	U
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am f rovided for in Chapter 605, F.S. Or,	if this docum	ana nent is

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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	Address	Type of Action
			□Add
			Remove
			☐ Change
			□Add
			Remove
			□Change
***************************************			□Add
		And the second s	Remove
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		-	
(optional) days after filing) Pursuant to 605 0207 (ments, this date will not be listed as t	he date of filing:	the date inserted in this bloc	Note: If the
ier of: (b) The 90th day after the	tive date, but not an effective t	pecifies a delayed effective (he record spec
days after the tents, this	block does not meet the applic Department of State's records	the date inserted in this bloc t's effective date on the Dep specifies a delayed effective of	Note: If the document's e

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