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ALLABASSEE TLORIDA

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COVER LETTER

TO:

TO: Registration So Division of Co			
SUBJECT:	TUCTAMERE DEV	FLOPMENT LLC	
SOBJECT:	Name of Lim	ELDPMENT, LLC ited Liability Company	
The analysed Articles of	'Amandmant and fasts) are sub-	mitted for filing	
The enclosed Articles of	Amendment and fee(s) are sub	milled for thing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	11		
	<u> </u>	SMITH INC.	
		Firm/Company	
	3741	SAN JUSE PL Address	Suite 7
		Address	
	JACKS	ONVILLE FL 37	257
		City/State and Zip Code	
	Uhs	3@hsmith - in to be used for future annual report noti	c.com
	E-mail address: (to be used for future annual report noti	fication)
For further information (concerning this matter, please c	all:	
		at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
	☐ \$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 Registration Division of O P:O-Box 63	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202

	RE DEVELOPMENT LLC iability Company as it now appears on our records.) lorida Limited Liability Company)	2 JUL 14 AM and assigned 15
The Articles of Organization for this Limited Liabil	lity Company were filed on May 11, 202	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	he abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address h		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Florid	aZip Code
	CHV	rip coae

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 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	VERNON H SMITH III	3741 SAN JOSE PL SUITE 7	Æ Add
		JACKSONVILLE, FL 32257	□ Remove
			□Change
			□Add
			□Remove
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot		filing or more than	optio		mant to £	505 026
ote: If the date inserted in this block does not meet the	applicable statu					
ocument's effective date on the Department of State's r	ecords.					
record specifies a delayed effective date, but not an effe	ective time, at 12	:01 a.m. on the	earlier of: (b)	The 90t	h dav a	fter the
is filed.			(0)			
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ated July 12 . 22	22				1	'
ated July 12 . 22	22.	4. 🔾			ໃນ ເກົາ ເກົາ	2022 JUL 14
ated July 12 . 28 U. Har Signature of a member	2 Suit	(C)	ember		USEE FLORIDA	II AM