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2022 AUG 29 AH 3: 49 SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: Tesoro Club Real Estate LLC 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:	
Trease rotal and convergence contenting the matter to the rone ring.	
Bobby S BAFFIELD Name of Person	
Coastal Land Frideavois, Inc	
P.O. Box 1376	
Palm City FL 34991	
bobby bar field and Apoc Con Finall address: (to be used for future annual report notification) Finall address: (to be used for future annual report notification)	
Final address: (to be used for future annual report notification) For further information concerning this matter, please call:	
K-1/2 < Ra-410/11 777 7/10 8055 50°	
Name of Person Area Code Daytime Telephone Number Position Enclosed is a check for the following amount:	
\$\times \times \	
Mailing Address: Registration Section Street Address: Registration Section	

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Tours (1.1 Paul Etal. 111

(Name of the Limited Lightlit	Y Company as it now appears on our records)
(A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 22000 2-559</u>	ompany were filed on <u>6/3/2022</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	SECRETARY OF AN ALLAHAS SEE SIA BELL AHAS SEE SI
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	tmer rioriaa street aaaress
	, Florida City Zip Code
Naw Dogistored Agent's Signature if shanging Posistored	·

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
MGR	Bobby Steve Barfield Ir	675 NW Flyder Am Ste 402 Stuart FL 134994	≾ ∕Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change

Signature of amember or authorized representative of a member

Bobby Steve Bartield IT. As President of.
Typed or printed name of signee Constal Land Endeavors, IAIC