10/17/22, 1:35 PM

Page: 2 of 5

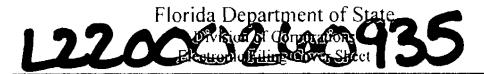
2022-10-17 17:47:03 GMT

14072648295

From: Forster Boughman

(((H22000355718 3)))

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003557183)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FORSTERBOUGHMAN Account Number : I20140000076 Phone : (407)255-2055

: (407)264-8295 Fax Number

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

boughman@fbl-law.com Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIDO BREEZE, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

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14072648295

From: Forster Boughman

(((H220003557183)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LIDO BREEZE, LLC | | | | | |
|---|--|--------------------------|--|--|--|
| (<u>Name of the Limited Liabilit</u> (A Florida | ty Company as it now appears on our records.) Limited Liability Company) | | | | |
| The Articles of Organization for this Limited Liability Corollary | Company were filed on June 07, 2022 | and assigned | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liability company here: | | | | | |
| The new name must be distinguishable and contain the words "Limi | ited Liability Company," the designation "LLC" or the a | obreviation "L.IC." | | | |
| 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: | d office address on our records, <u>enter the nan</u> | ne of the new registered | | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | Enter Florida street address | 7 5 | | | |
| | , Florida | 707 | | | |
| | City | Zip Code CO | | | |

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

b; Florida Dept of State Page: 4 of 5

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14072648295

From: Forster Boughman

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 |
|--------------|-------------------|---------------------------|----------------|
| MGR | WILLIAM D PIGOZZI | 388 CYPRESS LANDING DRIVE | |
| | | LONGWOOD, FL. 32779 | |
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From: Forster Boughman

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| ective date, if other than the da | te of filing. October 06 | 6, 2022 | (ontional) | |
| | specific and cannot be price | or to date of filing or more th | nan 90 days after filing.) | Pursuant to 605,0207 |
| n effective date is listed, the date must be | | | quirements, this date v | WHI HOLDC HSICO AS I |
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