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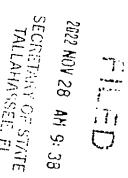
(Re	equestor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor		•	· •
Į3 KARAS SUBJE Č T:	TRÁIL, LLC		
SUBJEGI:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joseph Beilke		
		Name of Person	 -
		Firm/Company	
	1 Roxton Pl		
		Address	-
	Palm Coast, FL 32164		
	joebeilke@me.com	City/State and Zip Code	
For further information c	ended address: (to be used for future annual report not all:	incation)
Joshua Cornutt		724 835-4891 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	action
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of	Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D NARAS TRAIL, LLC	***************************************	
(A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L22000261283</u>	oany were filed on 06/07/2022	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 "Limited	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 ADDRES.	5)	
		20.
		TA.
Enter new mailing address, if applicable:		HOV 2
(Mailing address MAY BE A POST OFFICE BOX)		- AR 8 1
	-	第9
		75 99 % 75 3
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

12 MADACTDAIL LLC

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
AMBR	Joshua Cornutt	134 Ambrose Ln	= Add
		Fredericksburg, VA 22406	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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