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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| J. HORNE |
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ALLAHASSEE, FE

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CORPORATE ACCESS, _

When you need ACCESS to the world

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

| 1 | | WALK IN |
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| | PICK UP | P: <u>8/1 DANNY</u> |
| | CERTIFIED COPY | |
| X | х рнотосору | |
| | CUS | |
| X | X FILING | LLC AMEND |
| 1. | CAMERON EAU GALLIE, (CORPORATE NAME AND DOCUMENT | LLC #) |
| 2. | (CORPORATE NAME AND DOCUMENT | #) |
| 3. | (CORPORATE NAME AND DOCUMENT | #) |
| 4. | (CORPORATE NAME AND DOCUMENT | #) |
| 5. | (CORPORATE NAME AND DOCUMENT | #) |
| 6. | (CORPORATE NAME AND DOCUMENT | #) |
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| | Registration Se Division of Cor | | | |
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| CHD IFC | | N EAU GALLIE, LLC | | |
| SUBJEC | <u></u> | Name of Lin | nited Liability Company | . |
| The enclo | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please ret | turn all correspo | indence concerning this matter | to the following: | |
| | | Edward J. Fore | | |
| | | | Name of Person | |
| | | Mestdagh, Wall & Hamilt | on, P.A. | Person Inpany SSS Zip Code Ure annual report notification) 421-2075 Code Daytime Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee |
| | | | Firm/Company | |
| | | 280 W. Canton Ave, Ste I | 10 | |
| | | | Address | _ |
| | | Winter Park, FL 32789 | | |
| | | | City/State and Zip Code | |
| | | ed@m-wlawfirm.com | | |
| | | E-mail address: (| to be used for future annual report noti | fication) |
| For further | er information co | oncerning this matter, please c | all: | |
| Edward J | . Fore | | 407 421-2075 | |
| | Name of | l' Person | | e Telephone Number |
| Enclosed | is a check for th | ic following amount: | | |
| ■ \$25.0 | 0 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |
| F | Mailing Address Registration S Division of C | Section | Registration Sec | |
| F | P.O. Box 632 | 7 | | |
| 7 | Fallahassee, F | FL 32314 | 2415 N. Monroe | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAMERON EAU GALLIE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| (critorial climes mass | inty Company) | Soft 12 |
|---|---|---|
| The Articles of Organization for this Limited Liability Company wer | re filed on June 20, 2022 | and assigned of |
| Florida document number 1.22000280016 | | _ ૄૺૢૺ૽ૡૺ |
| 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 C | Company," the designation "LLC" or the ab | breviation "L.L.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 address here: | ress on our records, enter the name | e of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| New registered office riduress. | Enter Florida street address | |
| | , Florida | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as providing filed to merely reflect a change in the registered office ada company has been notified in writing of this change. | formance of my duties, and I am footed for in Chapter 605, F.S. Or, t | amiliar with and if this document is |
| | | |

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 |
|--------------|-------------------|---------------------------------|----------------|
| AP | Thomas A Ciscrano | 174 W. Comstock Ave., Suite 115 | = Add |
| | | Winter Park, FL 32789 | □Remove |
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| ffective date, if other than the an effective date is listed, the date in this occument's effective date on the | nust be specific and o block does not me | cannot be prior to eet the applica | o date of filing or ble statutory fil | more than 90 day | (optional) is after filing.) P ts, this date wi | ursuant to 605.0207 Il not be listed as |
| record specifies a delayed effectis filed. | | | | . on the earlier | of: (b) The 9 | Oth day after the |
| August I | | 2022 | _ · | | | |
| | (d F | Fore | | | | |
| | ~ | | | | | |
| | Signature of a me | ember or author | ized representati | ve of a member | | |

Filing Fee: \$25.00