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A. BUTLER NOV 17 2022

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: 2569 Tamiami Trail E 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: |
| Educard Wright Name of Person |
| 2569 Tamiami Trail E 1LC Firm/Company |
| 3105 Basin Street. |
| Waples, FL 39112 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Edward Wright at (239) 919-0165 Name of Person Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| ▼ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |

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

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

| (Name of the Limited Liability Com | pany as it now appears on our records. |
|---|--|
| (A Florida Limite | ed Liability Company) 1 ZUNE (1907) OF STATE |
| The Articles of Organization for this Limited Liability Compar | 10A to 1 A to 1 + 10 for 10 |
| Florida document number <u>LZZC0028319</u> 0 | • |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lia | ability company here: |
| The new name must be distinguishable and contain the words "Limited Lia | ability Company," the designation "LLC" or the abbreviation "L.L.C." |
| - | |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
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| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
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| | ce address on our records, enter the name of the new registered |
| agent and/or the new registered office address here: | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| The Programmer of The Production | Enter Florida street address |
| | , Florida |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered Aget | nt: |

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 |
|--------------|----------------|-----------------------------|----------------|
| MGRM | Edward Wright | 3105 Basin Street Naples FL | []Add |
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| (If an el Note: | tive date, if other than the date of filing: |
| the reco | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled. |
| Dated | July 77 . 2027. |
| | Signature of a member or authorized representative of a member |
| | |



October 19, 2022

EDWARD WRIGH 3105 BASIN STREET NAPLES, FL 34112

SUBJECT: 2569 TAMIAMI TRAIL E LLC

Ref. Number: L22000283190

We have received your document for 2569 TAMIAMI TRAIL E LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 922A00023456