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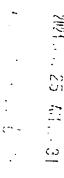
(Re	questor's Name)	
bA)	dress)	
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(Cit	y/State/Zip/Phone	
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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JAN 04 S. PRATHER

COVER LETTER

	ion Section of Corporations		
	ailyard, LLC		
SUBJECT:		ited Liability Company	
	les of Amendment and fee(s) are sub	-	
Please return all co	rrespondence concerning this matter	to the following:	
	Emeline Guenther		
	G3 Development	Name of Person	
		Firm/Company	
	PO Box 1273		
	Mount Dora, FL 32756	Address	
	emeline.guenther@g3devel	City/State and Zip Code opment.com	
	E-mail address: (to be used for future annual re	port notification)
For further informa	tion concerning this matter, please c	all:	
Emeline Guenther		352 232-3	2538
	lame of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check	s for the following amount:		
■ \$25.00 Filing F	Fee	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A	.ddress:	Street Ado	ress:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Railyard, LLC		20	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	24	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 6/30/22	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	. (.)		
MDF Railyard, LLC	mry company nere.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	310 N. Baker Street		
(Principal office address MUST BE A STREET ADDRESS)	Mount Dora, FL 32757		
Enter new mailing address, if applicable:	PO Box 1273		
(Mailing address MAY BE A POST OFFICE BOX)	Mount Dora, FL 32756		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the r	name of the new regis	
Name of New Registered Agent:			
New Registered Office Address:	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 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>	Name	Address	Type of Action
	 		□Add
			□ Remove
			□ Change
			□Add
			□ Remove
			□Change
			□Add
		<u> </u>	□ Remove
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			□Remove
			□ Change
			🗖 Add
			□Remove
			□Change

If amending any other information	, enter change(s) here: (Attach ad	ditional sheets, if necessary.)	

			_

Effective date, if other than the date if an effective date is listed, the date must be something. If the date inserted in this block of document's effective date on the Depart	loes not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to filing requirements, this date will not be	605.0207 (listed as t
e record specifies a delayed effective dat rd is filed.	e, but not an effective time, at 12:01 a	.m. on the earlier of: (b) The 90th day a	after the
November 21	2024		
Dated		•	50.57
	adure of a member or authorized represents		500 % :
Sign	alure of a member or authorized represent	ative of a member	3
Emeline Guenther			
	Typed or printed name of sign	ee ;	-