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| (Re | equestor's Name) | · |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | Registration Se Division of Cor | | | , |
|---|------------------------------------|---|---|---|
| eud iez | | nue Investors LLC | : | |
| SUBJECT:Name of Limited Liability Company | | | | |
| | | Amendment and fee(s) are sub | _ | |
| | | Deborah Serafini | | |
| | | | Name of Person | |
| | | Deborah Serafini PA | | |
| | | | Firm/Company | |
| | | 2603 NW 13th St #133 | | |
| | | | Address | |
| | | Gainesville, FL 32609 | | |
| | | ds@dscrafinilaw.com | City/State and Zip Code | |
| | | | to be used for future annual report notif | ication) |
| For furth | er information c | oncerning this matter, please c | all: | |
| Deborah | ı Serafini | | 954 309-6884 at () | |
| | Name o | f Person | | Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| ■ \$ 25.0 | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Addres | <u>s:</u> | Street Address: | |

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

| Duck Avenue Investors LLC | | |
|---|--|---------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on 06/30/2022 | and assigned |
| lorida document number 1.22000296269 | | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| he new name must be distinguishable and contain the words "Limited Liabil | Par Community of the Co | d II ve writen |
| the new frame filest oe distinguishable and contain the words. Elimited Liabili | mly Company, the designation "LEC T | or the aboreviation A.JC. |
| Enter new principal offices address, if applicable: | 126 Poplar Forest Dr | |
| Principal office address MUST BE A STREET ADDRESS) | Slippery Rock, PA 16057 | |
| | | 7 7 |
| | | RB 150 |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| DE L'IVER BONY | | |
| | | |
| 3. If amending the registered agent and/or registered office a | address on our records, enter th | e name of the new regis |
| gent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flor | ida |
| | | |

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 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 |
|--------------|-------------|----------|----------------|
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 03/01/2024 E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. 6th of May 2024 Dated _ Signature of a member or authorized representative of a member Deborah Serafini Typed or printed name of signee

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Filing Fee: \$25.00