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SECRETARY OF STATE
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## COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	orgetown C7	E CLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following.	
	Brandon	Ma Kie Name of Person	
		OUN CTE LLC	
	1630 Em	erson St. Ste	/
	Jackson Ville	E FC 322 City/State and Zip Code	07
	Willieben 7	76 D Gahoo . Com to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c		
Brandon A	daxie (MGR	$\frac{2}{2} \operatorname{at}\left(\frac{4/0}{\text{Area Code}}\right) = \frac{258}{258}$	- 7238
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount		Florida Pept of State
\$25 00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & 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 TO ARTICLES OF ORGANIZATION OF

Georgetown CT	EUC
(Name of the Limited	E CC Liability Company as it now appears on our records.) Florida Limited Liability Company)
	oility Company were filed on 7-11-22 and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	
Cleurge town	CTE CCC ds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable of the application of the address MUST BE A STREET	ole: 1630 Eunerson St. Stel
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address  City  City  Control  City  Control  City  Control  City  Cit

## 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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