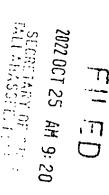
1 22000347547

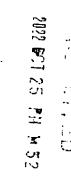
	(Requestor's Name)
	(Address)
	(Address)
	(C) (C) (C) (C) (C)
	(City/State/Zip/Phone #)
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	(Business Entity Name)
	(Document Number)
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DATE:

10/25/22

NAME: ESPLANDE 4PLEX 1, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	gistration Sec vision of Corp			
CHD ICCT.	Esplande 41			
SUBJECT.			nited Liability Company	
The enclose	d Articles of <i>i</i>	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		Zachary Wooldridge		
			Name of Person	
		W Realty Rentl Group,LL	C	
			Firm/Company	
		2293 Frontera St		
			Address	
		Navarre/FL/32566		
			City/State and Zip Code	
		zach@WRealtyRentalGrou	•	
5 5 0 1			to be used for future annual report no	(Hication)
For further i	ntormation co	ncerning this matter, please ca	all:	
Zachary Wo	oldridge		850 517-0751 at()	
,	Name of	Person		ne Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILE BY 9: 15

Esplande 4Plex 1.LLC		و ۔۔۔
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	19:15
The Articles of Organization for this Limited Liability Company Torida document number L22000347547	were filed on	and assigned
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 Liabi	ity Company." the designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:	3927 Venus St	
Principal office address MUST BE A STREET ADDRESS)	Panama City Beach, FL 32408	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the nan	ne of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	, 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 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
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Effective date, if other than	the date of filing: (optional)	
f 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. It is block does not meet the applicable statutory filing requirements, this date w	Pursuant to 605,0207
document's effective date on th	e Department of State's records.	on not be fisied as
record specifies a delayed effed is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after the
10/24 Pated	2022	
W		
ν	Signature of a member or authorized representative of a member	
Zachary Wooldridge	,	
	Typed or printed name of signee	<u>.</u>