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(R	equestor's Name)	
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COVER LETTER

	egistration Sed vision of Corp			
SUDJECT	TX PUNTA	GORDA BURNT STORE R	OAD, LLC ,	
SUBJECT	:	Name of Lin	nited Liability Company	
The enclose	ed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		JESSICA PETERSON		
			Name of Person	
		NORTHGATE TOMMY'S	S EXPRESS	
			Firm/Company	
		38 COMMERCE AVE SV	V SUITE 200	
			Address	
		GRAND RAPIDS MI 495	03	
			City/State and Zip Code	
		JPETERSON@NORTHGA	TEHOLDINGS.COM to be used for future annual report r	otification)
For further	information co	ncerning this matter, please ca	•	ouneadon)
JESSICA F	ETERSON		616 617-3887 at()	
	Name of	Person	Area Code Day	time Telephone Number
Enclosed is	a check for the	e following amount:		
■ \$25.00	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 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

(<u>Name of the Limited 1</u> (A I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on AUGUST 17, 2022	and assigned
Florida document number 1.22000362606		
This amendment is submitted to amend the following	ng;	
A. If amending name, enter the new name of the	e limited liability company here:	
TX CAPE CORAL BURNT STORE ROAD. LLC	<i>⊙</i> ,	~
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbrev	non "L.L.C."
Enter new principal offices address, if applicable	6: 1 8 - 17: - 18: 18: 18: 18: 18: 18: 18: 18: 18: 18:	SE .
Principal office address MUST BE A STREET A	(DDRESS)	To large a
		<u> </u>
	• •	ö.
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
Q. If amonding the registered agent and/or regis	stered office address on our records, <u>enter the name o</u>	f the new regis
agent and/or the new registered office address h		rene 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□ Change
			□Add
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ument's effective date on the Dep	artment of State's records.				
cord specifies a delayed effective of	late, but not an effective time, at 1	2:01 a.m. on the earlier of: t	h) The 9	Oth day af	ter the
s filed.			.,		
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Si	gnature of a member or authorized re	presentative of a member			