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H220003430533ABCW

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KAUFFMAN THOMPSON, PLLC

Account Number : I20210000121 Phone : (941)479-3006 Fax Number : (941)777-4577

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.\*\*

Email Address: jcirksena@kauffmanthompson.com

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T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3. If amending the registered agent and/or gent and/or the new registered office addr  Name of New Registered Agent:  New Registered Office Address:	registered office address on our records, enter the nates here:  Mindy Kauffman c/o Red Property Management, LLC  555 S. Osprey Avenue  Enter Florida siveet address  Sarasota , Florida 3	FLORIDA	PM 1: 37	
gent and/or the new registered office addr  Name of New Registered Agent:	Mindy Kauffman c/o Red Property Management, LLC 555 S. Osprey Avenue	FLORIDA		1 1
gent and/or the new registered office addr  Name of New Registered Agent:	Mindy Kauffman c/o Red Property Management, LLC	FLORIDA		1 1
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nter new mailing address, if applicable:		<del>.</del>	21	
Principal office address MUST BE A STRE				
nter new principal offices address, if appli	icable:			
e new name must be distinguishable and contain the	wards "Limited Liability Company," the designation "LLC" or the a	ibbreviatio	n "lI."	C."
. If amending name, enter the new name	of the limited liability company here:			
ms amenament is submitted to amend the tol	lowing:			
his amendment is submitted to amend the fol				
		and	i assigi	ned
lorida document number L22000369071	Liability Company were filed on 08/23/2022			
ne Articles of Organization for this Limited I orida document number L22000369071			, .	

## 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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
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			□Remove	
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			□ Kemovc	
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			☐ Change	

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Effective date, if other than the date of filing:  (If an effective date, if stated, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 02207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an offective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the tend is filled.  Dated  October 6  2022  Signature of a member or antiborized representative of a member  Gary Kouffman		
Effective date, if other than the date of filing:	******	
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Gary Kauffman	-	Signature of a member or authorized representative of a member
COLUMN TO THE PROPERTY OF THE		Gary Kauffman