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COVER LETTER

TO:

| TO: Registration : Division of Co | | | | |
|--|---|---|---|-------------|
| Gus 626. | I.I.C | | | |
| SUBJECT: | Name of Lin | ited Liability Company | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | Teresa L. Prince | | | |
| | · · · · · · · · · · · · · · · · · · · | Name of Person | | |
| | Tomassetti & Prince | | | |
| | | Firm Company | | _ |
| 303 Centre Street, Ste 203 | | | | |
| | | Address | | SECULIAR CO |
| | Fernandina Beach, FL 320 | 13-4 | | 1450 |
| | | City/State and Zip Code | | |
| | info(a,tpislandlaw.com F-mail address: 6 | to be used for future annual repor | t notification) | |
| For further information | concerning this matter, please c | | | £ 3 |
| Teresa L. Prince | | 904 261-18; _ at() | 33 | |
| Name of Person | | Area Code Da | nytime Telephone Number | |
| Enclosed is a check for | the following amount: | | | |
| ■ \$25,00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (| of Status & |
| Mailing Addr Registration Division of P.O. Box 63 Tallahassee. | Section Corporations 27 | The Centre | n Section Corporations of Tallahassee onroe Street, Suite 81 | 0 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Gus 626, LLC | |
|---|---|
| (<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Cor | npany) |
| The Articles of Organization for this Limited Liability Company were filed Florida document number $\frac{1.22000437417}{1.0000437417}$. | t on October 11, 2022 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability comp | pany here: |
| The new name must be distinguishable and contain the words "Limited Liability Company | y," the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| Enter new mailing address, if applicable: | 2014 |
| (Mailing address MAY BE A POST OFFICE BOX) | 20 (S |
| B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here: | n our records, enter the name of the new registe |
| Name of New Registered Agent: | 75 55 50 |
| New Registered Office Address: | nter Florida street address |
| | |
| Circ | , Florida Zin 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 Changing Registered Agent, Signature of New Registered Agent

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> | <u>Address</u> | Type of Action |
|--------------|---------------------------|----------------------------|---|
| AMBR | William M. Sirockman, Sr. | 724 Barrington Drive | |
| | | Fernandina Beach, FL 32034 | ■Remove |
| | | | □Change |
| AMBR | Arlene M. Sirockman | 724 Barrington Drive | □Add |
| | | Fernandina Beach, FL 32034 | <u>≡</u> Remove |
| | | | □ Change |
| AMBR | William M. Sirockman, Jr. | 724 Barrington Drive | □Add |
| | | Fernandina Beach, FL 32034 | □Remove |
| | | | ■ Change |
| | | | Cladd |
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| effective | e date is listed, the d | ate must be specifi | ic and cannot be | prior to date of: | filing or more tl | ian 90 days after | r filing.) Pursuant to | |
| | e date inserted in reffective date on | | | | dory filing rec | uirements, thi | s date will not be | Histed |
| | | | | | | | | |
| cord so | ecities a delayed e | ffective date, bu | t not an effect | tive time, at 12 | :01 a.m. on th | e earlier of: (h |)) The 90th day | after ti |
| filed. | ,, | | | | | | , | |
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| | William | 14. Ju | ougan | - // L | | | | |

Filing Fee: \$25.00