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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

Registration Section
Division of Corporations

301 PINE RIDGE LLC

OBJECT: _____
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GREGORY S NORDONE

Name of Person

Firm/Company

8941 SW 8th St

Address

PLANTATION, FL, 33324

City/State and Zip Code

GNORDONE@GEYSON.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

GNORDONE@GEYSON.COM Greg Nordone at (954) 600-6909
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

301 PINE RIDGE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on OCTOBER 17, 2022 and assigned
document number L22000446708.

Amendment is submitted to amend the following:

Proposed name, enter the new name of the limited liability company here:

Proposed name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Proposed principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

Proposed new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

Proposed name of the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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TALLAHASSEE FL

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida

City

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

oved from our records:

= Manager

= Authorized Member

Name

Address

Type of Action

JODY NORDONE

8941 SW 8TH ST

Add

PLANTATION, FL 33324

Remove

Change

Add

Remove

Change

Add

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Change

Add

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Remove

Change

SECRETARY OF STATE
WILLIAM STEELE, FL
2020 NOV 18 PM 4:18

Recommending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for entering information.

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TALLAHASSEE, FL

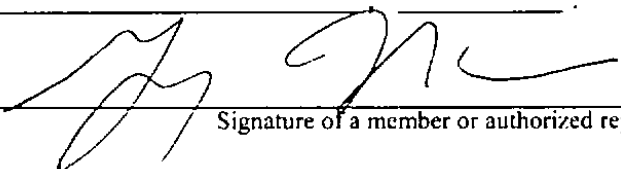
Effective date, if other than the date of filing: _____ (optional)

If 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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

Effective date: OCTOBER 24 2020



Signature of a member or authorized representative of a member

GREGORY S NORDONE

Typed or printed name of signer