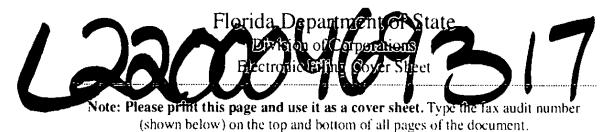
Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BONNYCASTLE REALTY LLC

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O 03/06/2023 10:Q2 AM . 14154847068 → 18506175383 pg 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BONNYCASTLE REALTY LLC	2.	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	***************************************
The Articles of Organization for this Limited Liabi Florida document number L22000469317	ility Company were filed on 11/02/2022	and assigned
rionda document number	·	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	1DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	- E	~>
B. If amending the registered agent and/or regis	stered office address on our records, enter the nam	e of thenew registere
agent and/or the new registered office address h	<u>ere</u> :	
		دن. ا
Name of New Registered Agent:		מי ו
	- 1/10 W	
New Registered Office Address:		<u> </u>
	Enter Florida street address - Florida	. 5
-	City , Fiotida	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

<u>Title</u>	Name	Address	Type of Action
MGR	Elizabeth Hoffman	365 5TH AVE S #201	
		NAPLES, FL 34102	G0
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nee i	date, if other than the date date is listed, the date must be the date inserted in this block	k does not meet the ap	oplicable statutory filin	ore than 90 days after fil g requirements, this d	al) ing.) Pursuant to 605.0207 iate will not be listed as
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Note: 11 to document record sp	s effective date on the Department of the control o		ve time, at 12:01 a.m.)	on the earlier of: (b)	The 90th day after the
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Note: If t document e record sp rd is filed.	's effective date on the Department of the Company	late, but not an effective date.			The 90th day after the