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To:

Division of Corporations

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.

CMAIL	Address:			 	 	

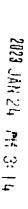
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SRE FP - EDEN OAKS**

Certificate of Status	0
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company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SRE FP - EDEN OAKS	_	
(Name of the Limited Liability Company (A Florida Limited Lia	y as II now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company with Florida document number	vere filed on November 30, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
SRE FP - EDEN OAKS LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
	····	<u> </u>
		5.4
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		8 P-
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the r</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office as	erformance of my duties, and 1 a ovided for in Chapter 605, F.S.	nm familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manuge, 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
			□Add
			□Remove
			Change
			DAdd
			☐Remove
			☐ Chanige
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		<u></u>
E. Effective data if other than the date of filing:		
E. Effective date, if other than the date of filing: (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 a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b document's effective date on the Department of State's records.	:0 605.0207 (3)(c listed as the	(b)
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day record is filed.	efter the	
Dated January 23 2023		
5		
Signature of a member or authorized representative of a member	_	

Typed or printed name of signee