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D COMMETT

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LVU LAND AQUIS	SITION, LLC	
Please Debit FCA000	0000003 For: 125	
Thank you Seth Neel	ev	
Thank you sell recei	cy	
Att 1/2/		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		An. of Amend. File
		RA Resignation
		Dissolution / Withdrawał
		Annual Report / Reinstatement
		Cert, Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
,		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by:	06/16/23	UCC 1 or 3 File
		UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LVU LAND AQUISITION, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on November 30, 2022	and assigned
Florida document number 1.22000505429		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
LVU LAND ACQUISITION, LLC		2 2: S
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		HA.
Principal office address MUST BE A STREET ADDRESS)		
	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:		99
Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new regist
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	City	Zip Code

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. 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 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 after the record is filed. Dated June 16 2023 Signature of a member of authorized representative of a member Robert R. Adams, Authorized Representative Typed or printed name of signee

Filing Fee: \$25.00