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DATE: 09/19/2024

NAME:

ORIENT FLORIDA, LLC

TYPE OF FILING: AMENDMENT

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AUTHORIZATION:

ABBIE/PAUL HODGE

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

2024 SEP 19 AHII: 10

Orient Florida, LLC

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

| (A Florida Limited Li | ability Company) | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------|-------------------------|
| The Articles of Organization for this Limited Liability Company v Florida document number <u>L22000508480</u> . | vere filed on Decembe | er 2, 2022 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | | |
| Clergerie, LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," the designat | ion "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office ac | ldress on our record | s, enter the name | e of the new registered |
| agent and/or the new registered office address here: | | | |
| Name of New Registered Agent: | - | | |
| New Registered Office Address: | | | <u></u> |
| | Enter Florida stre | et address | |
| | | , Florida | |
| | City | | 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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
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| Tective date, if other than the done effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department. | e specific and canno k does not meet th | e applicable stati | filing or more than story filing requir | (optional 90 days after filin ements, this dat | g.) Pursuant to 605.020 |
| ecord specifies a delayed effective s filed. | date, but not an eff | ective time, at 12 | :01 a.m. on the c | arlier of: (b) 1 | The 90th day after the |
| September 18 | , 202 | 4 | | | |
| | | | | | |

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