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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-9442

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 ARRAES PROPERTIES LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARRAES PROPERTIES LLC

(Name of the Limited List (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L22000522706		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
L Hunter Real Estate LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abb	revistion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORFSS)	
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name	of the new registere
Nomes of New Day 1 at 1 a		
Name of New Registered Agent:	-	<u> </u>
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	9
		ب ائ
	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.

II 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>	Name	Address	Type of Action
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ffective date, if other the an effective date is listed, the ofote: If the date inserted in ocument's effective date or	an the date of filit late must be specific an this block does not the Department of	Ig:	to date of filing or able statutory fili	(opti nore than 90 days after ng requirements, this	onnl) · Eling.) Pursuant to 605.020 s date will not be listed :
record specifies a delayed e is filed.	effective date, but no	t an effective tig	we, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
		2023			
October 4th		, —	_ ·		
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