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| Special Instructions to Filing Officer: | |
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A. RIVERS
JUN 1 4 2023

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: Dearnin Name of Lin | DRIFTIN RV REORT LL nited Liability Company |
| The enclosed Articles of Amendment and fee(s) are sub- | bmitted for filing. |
| Please return all correspondence concerning this matter | r to the following: |
| TANIA | Name of Person |
| IZZEAM | in DDRISTIN RV RESOR |
| 8883 | Highway 90 West |
| LAKE | City/State and Zip Code |
| E-mail address: | the He Milee C ampile Com (to be used for future annual report notification) |
| For further information concerning this matter, please | |
| Name of Person | at (ZSC) 9 5 5 9 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section | Street Address: Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Troppin NI | | esort LLC |
|---|---|-------------------------------------|
| (A Florida Limited Lia | as if now appears on our records.) bility Company) | |
| The Articles of Organization for this Limited Liability Company w Florida document number | ere filed on 123000143 | 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: | |
| The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | y Company," the designation "LLC" or the ab | breviation "L.L.C." DWEST F130055 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 8883 Hwy LAKTE CITY | 90 WEST F1 20025 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, enter the nan | ne of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | - 12 8: OL |
| | Florida _ | |

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 |
|--------------|-------------|--------------------|----------------|
| | PANA Miller | Sw 29 yoult (5883) | CVO0 |
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| ii amen | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records. |
| the reco | ord 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 illed. |
| Date | 4-29 |
| , | Signature of a member or authorized representative of a member |
| | |

Filing Fee: \$25.00