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Tallahassee, FL 32314

	stration Se sion of Cor			
	11531-08 S	AN JOSE LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return :	all correspo	ondence concerning this matter	to the following:	
		ANDREW OCEAN		
			Name of Person	
		UNITED BRANDS		
			Firm/Company	
		6260 C DUPONT STATIO	ON COURT EAST	
			Address	
		JACKSONVILLE FL 322	17	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For further inf	ormation co	oncerning this matter, please ca	all:	
ANDREW O	CEAN		904 389-0000	
	Name of	f Person	at () Area Code Daytin	me Telephone Number
Enclosed is a c	theck for th	ne following amount:		
■ \$25.00 Fit	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
	ng Address stration S		Street Address: Registration Se	ection
Divi	sion of C	orporations	Division of Co	
P.O.	Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11531-08 SAN JOSE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <u>JANUARY</u> 10, 2023 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 11531-06 SAN JOSE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 11531 SAN JOSE BOULEVARD Enter new principal offices address, if applicable: SUITE 06 (Principal office address MUST BE A STREET ADDRESS) JACKSONVILLE, FL 32223 11531 SAN JOSE BOULEVARD Enter new mailing address, if applicable: SUITE 06 (Mailing address MAY BE A POST OFFICE BOX) JACKSONVILLE, FL 32223 B. If amending the registered agent and/or registered office address on our records, enter the name of the new re agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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
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he recor ord is fi	rd specifies a delayed effecti led.	ve date, but not an effect	ve time, at 12:01 a.m. on	the earlier of: (b) The 90th	day after the
Dated	MARCH 17	2023	_ 0	/	/
		ruare	wyu	an	
		Signature of a member or	authorized representative of	a member	

Filing Fee: \$25.00