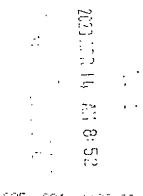
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Special Instructions to Filing Officer:			

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COVER LETTER

10: Registration Sc Division of Cor			
Pha	m Realty (JVOLAO IIC	.
SCBJECT: 1 10	Name of Lini	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
He enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Hease return all correspo	andence concerning this matter	to the following:	
	William	TPHtman Name of Person	
		My Group	
		Firm/Company	
	3542 S.O	Sprey Aue. Si	114e A 2023 1573 II.
	Savasota	FL 34239 City/State and Zip Code	
	Mandy 8	nam development of the used for future annual report notification	nt@gmail.com = 8
La further information c	oncerning this matter, please ca	all:	- F
John 1	Pham f Person	at (<u>U69</u>) 1945 Area Code Daytime	6 6 2 9 Telephone Number
Li closed is a check for th	ne following amount:		
\$25.00 Filing 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 (additional copy is enclosed)
Mailing Addres Registration 9	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 U2/14/2023 Parida document number <u>L230000 911 26</u> . his amendment is submitted to amend the following: ... If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ! ater new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Unter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) cл 1. If amending the registered agent and/or registered office address on our records, enter the name of the new registered a gent 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 evisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is γ , ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability . mpany 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 MBR = Authorized Member

l . <u>tle</u>	Name	Address	Type of Action
MGR	William T. Pittman	3562 S. Osprey Ave Suite	<u>∤</u> □Add
		Savasota FL 34239	
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ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing date inserted in this block does not meet the applicable statument's effective date on the Department of State's records.	
rd specifies a delayed effective date, but not an effective time, at 12: iled.	:01 a m. on the earlier of: (b) The 90th day after the
04/14/23 2023	

Filing Fee: \$25.00