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From:

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Account Number : I19990000077

Phone : (407)649-4016

Fax Number : (407)841-0168

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAKE DOUGLAS PROPERTY HOLDINGS, LLC

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1/24/2024 3:08:26 PM Spencer, Donna BakerHostetler Page 2 COVER LETTER

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| cub iezwi | | Property Holdings, LLC | |
|--|---|---------------------------------|--|
| SOBJECT | ; <u></u> | Name of Lim | ited Liability Company |
| The enclos | ed Articles of . | Amendment and fee(s) are sub | mitted for filing. |
| Please retu | rn all correspo | ndence concerning this matter | to the following: |
| | | Keith Durkin | |
| | | | Name of Person |
| Name of Person Baker & Hostetler, LLP Firm/Company 200 South Orange Avenue, Suite 2200 Address Orlando, Florida 32801 City/State and Zip Code Ishakarji@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Keith Durkin Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Name of Person Address Firm/Company Form/Company Form/Company Form/Company Firm/Company Form/Company For | | | |
| | South Bay Property Holdings, LLC Name of Limited Liability Company | | |
| | | 200 South Orange Avenue | Suite 2200 |
| | | | Address |
| | | Orlando, Florida 32801 | |
| | | lshakarii@gmail.com | City/State and Zip Code |
| | | | to be used for future annual report notification) |
| For further | information c | oncerning this matter, please c | all: |
| Keith Dur | kin | | |
| | Name o | f Person | |
| Enclosed i | s a check for th | ne following amount: | |
| ≥ \$25.00 |) Filing Fee | | Certified Copy Certificate of Status & Certified Copy Certified Copy |
| R E P | Legistration Solvision of C C.O. Box 632 | Section orporations 7 | Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |

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Spencer, Donna

BakerHostetler

Page 3

ARTICLES OF AMENDMENT TO

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ARTICLES OF ORGANIZATION OF

| South Bay Property Holdings, LLC | | | |
|---|--|--|---------------------------------------|
| (Name of the Limited Liability Compan (A Florida Limited Li | iy as it now appears on o lability Company) | our records.) | |
| The Articles of Organization for this Limited Liability Company villorida document number <u>L23000092328</u> | were filed on 02/28/20 | 023 | _ and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designa | ation "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | cr. | 202 |
| | | FAC: | |
| | | | Z (2003) |
| Enter new mailing address, if applicable: | | 72 | - |
| (Mailing address MAY BE A POST OFFICE BOX) | | 0,500 m | - Tourn |
| | | | œ - |
| | | L. C. | 75 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our record | ils, <u>enter the name c</u> | of the new registere |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | · · · · · · · · · · · · · · · · · · · |
| | Enter Florida st | reet address | aZip Code |
| | | , Florida | |
| | City | | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my a provided for in Chap | duties, and I am fan ter 605, F.S. Or, if | niliar with and this document is |
| | | | |

If Changing Registered Agent, Signature of New Registered Agent

1/24/2024 3:08:30 PM Spencer, Donna BakerHostetler Page 4
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---------------|------------------------|----------------|
| MGR | John Shakarji | 616 N. Bumby Avenue | □Add |
| | | Oriando, Florida 32803 | |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
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| | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| nn cil <u>ote:</u> | five date, if other than the date of filing: [Coptional] [Coptional] |
| recor is fi | rd specifies a delayed effective daie, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after thiled. |
| ated | Day 5 Januarts 2024 |
| | July Jaly |
| | Suparate of a member or authorized representative of a member |