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	10:	
		Division of Corporations
		Fax Number : (850)617-6383
	From:	
		Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BUCA RATON
		Account Number : 076376001555
		Phone : (803)255-9617
		Fax Number : (561)483-7321
		the email address for this business entity to be used for future
$\infty$	<b></b>	ual report mailings. Enter only one email address please.**
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSET GROVE VENTURES REALTY			
Name of the Limited Liabi (A Floric	lity Company as it now appears on our records.) of Limited Liability Company)		
The Articles of Organization for this Limited Liability  Florida document number	Company were filed on FEBRUARY 28, 2023	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the designation "LLC" or the abbr	eviation "L.	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	(RESS)		
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		2	
		23	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		of the nev	v register
		70	r,
Nicora of Nicora Domintona d. A. a. a.			
Name of New Registered Agent:		£	<del></del>
New Registered Office Address:		<u> </u>	
	Enter Florida street address		
	, Florida		
	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.

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## 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
MGR	MICHAEL E. BASCONE	7503 NW 27TH AVENUE	<b>=</b> Add
		BOCA RATON, FL 33496	□Remove
			□Change
MGR	CANDICE L. LAVELANET	7503 NW 27TH AVENUE	
		BOCA RATON, FL 33496	■Remove
			□Change
			□Add
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If an eff <u>Note:</u>	ve date, if other than the date of filing:
e recor rd is fil	d 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 ed.
Dated <sub>.</sub>	MARCH 16 2023
	Signature of a morney or authorized representative of a member
	MICHAEL E. BASCONE  Typed or printed name of signee