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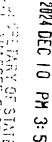
| (Requestor's Name) |
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| Configuration of Chapter |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| SUBJE | CI: | Name of Lim | ited Liability Company | | |
| | | Amendment and fee(s) are sub | - | | |
| | | Peter H. Thomson | | | |
| | | | Name of Person | | |
| | | Thomson Law Offices LLO | С | | |
| | Firm/Company | | | | |
| | | 6439 Engram Road | | | |
| | | | Address | = = · · · · · · · · · · · · · · · · · · | |
| | | New Smyrna Beach, FL 32 | 2169 | | |
| | | | City/State and Zip Code | | |
| | | pht@thomsonlawofficeslle. | | | |
| | | | to be used for future annual report noti | lication) | |
| For furt | her information of | concerning this matter, please of | all: | | |
| Peter H | . Thomson | | 386 410-4633 at () | | |
| | Name o | of Person | Area Code Daytim | e Telephone Number | |
| Enclose | ed is a check for t | he following amount: | | | |
| ≡ \$25 | 5.00 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 State Certified Copy (additional copy is enc | |
| | | | | | |

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SAND DOLLAR LIVING LLC | | |
|---|--|---|
| (Name of the Limi | ted Liability Company as it now apper (A Florida Limited Liability Company) | ars on our records.) |
| The Articles of Organization for this Limited L | iability Company were filed on $rac{N}{2}$ | larch 9, 2023 and assigned |
| Florida document number 1.232000124717 | <u> </u> | |
| This amendment is submitted to amend the foll | lowing: | |
| A. If amending name, enter the new name of | of the limited liability company h | nere: |
| he new name must be distinguishable and contain the v | words "Limited Liability Company," the | designation "LLC" or the abbreviation "L.L.C." |
| Inter new principal offices address, if applic | cable: | |
| Principal office address MUST BE <u>A STREI</u> | ET ADDRESS) | |
| | | |
| | | |
| | | |
| Inter new mailing address, if applicable: | | |
| <u>Mailing address MAY BE A POST OFFICE</u> | <u>BOX)</u> | |
| | | |
| | | |
| B. If amending the registered agent and/or | | records, <u>enter the name of the new registe</u> |
| gent and/or the new registered office addre | ess here: | |
| | | |
| Name of New Registered Agent: | Peter H. Thomson | |
| New Registered Office Address: | 6439 Engram Road | |
| men negligibled Office Hadress. | Enter Fl | orida street address |
| | New Smyrna Beach | Florida 32169 |
| | 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 compression 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 highlity company 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 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|----------------------------------|-------------------|
| AMBR | Julie Martin | 620 S. Glencoe Road | □Add |
| | | New Smyrna Beach, FL 32168 | ≅Remove |
| | | | □Change |
| AMBR | JULIE L. MARTIN, TRUSTER OF THE JULIE L. MARTIN | 1982 State Route 44, Box No. 312 | ■Add |
| | REVOCABLE LIVING TRUST DATED DECEMBER 5,2024 | New Smyrna Beach, FL 32168 | □Remove |
| | | | □Change |
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| ffective date, if other than th | ne date of filing: | | | (opti | onal) | | | |
| an effective date is listed, the date m Note: If the date inserted in this | sust be specific and ca | annot be prior to | date of tiling or mo e statutory filing | re than 90 days after | r filing.) Pi | ursuant to | 605.020 listed a | 7 (s 1 |
| ocument's effective date on the | Department of Sta | te's records. | | | | | | |
| | | | | | \ | 20.1 | C .1 | |
| | ive date, but not ar | n effective time | , at 12:01 a.m. o | n the earlier of: (t | 5) The 9 | oun day a | inter the | 1 |
| record specifies a delayed effect d is filed. | | | | | | 7.00 | = | |
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| d is filed. | 111 | | ed representative o | of a member | | RETARY OF STATE | DEC 10 PM 3: | |