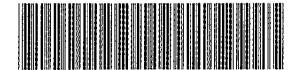
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor	
SUBJECT:K\	WC First Coast Properties, LLC. Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Kathleen W. Calfrey Name of Person
	KWC First Coast Properties, LLC
	Ponte Vedra Beach FL 32082
	Ponte Vedra Beach, FL 32082 6
	E-mail addiess: (to be used for future annual report notification)
For further information c	oncerning this matter, please call:
Kathleer Name o	r Caffrey at (201) 246-4065 Area Code Daytime Telephone Number
Enclosed is a check for the	ne following amount:
\$ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section Registration Section
P.O. Box 632	·

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	st Properties LLC  ny as It now appears on our records.)  nability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23 00014429.2</u>	were filed on $3/21/23$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile Kathleen Walsh Ca The new name must be distinguishable and contain the words "Limited Liability".	- F-G
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	77.E
	(T) (2)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	(.)
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter F tortaa street aaaress
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Top Cinc

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.

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>	Name	Address	Type of Action
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the ument's effective date on the Department of State's re	applicable st	of filing or more t authory filing rec	( <b>optio</b> nan 90 days after ( quirements, this	nal)	int to 60:	5.0 te
record specifies a delayed effective date, but not an effect is filed.	ctive time, at	12:01 a.m. on th	ne earlier of: (b)	The 90th	day afte	er th
ated 1/4/24 . 20	024.					
Kathles Signature of a member of	100 /	1000				