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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ANDERSON BUSINESS ADVISORS

Account Number : I20230000109 Phone : (800)706-4741 Fax Number : (702)664-0545

**Enter	the	email	address	for	this	business	entity	to	be	used	for	future
						only one	•					

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Help T. LEMIEUX MAY 1 7 2024 From: Amanda Phillips

Fax: 17028050815

To:

Fax: (850) 617-6383

Page: 3 of 5

05/16/2024 8:40 AM

COVER LETTER

	Registration Se Division of Cor								
CHD IEC	OP North F	Port LLC							
SUBJEC	, i	Name of Limited Liability Company							
The enck	osed Articles of	Amendment and fee(s) are sub	emitted for filling.						
Please re	turn all correspo	ondence concerning this matter	to the following:						
		Amanda Phillips							
			Name of Person						
			Firm/Company						
		3225 McLeod Drive, Suite	2 100						
		•	Address						
		Las Vegas, Nevada 89121							
		ra@andersonadvisors.com	City/State and Zip Code						
		E-mail address: (to be used for future annual report notif	icution)					
For furth	er information c	oncerning this matter, please c	all:						
Amanda	Phillips		800 706-4741						
•	Name o	f Person	Area Code Daytime	e Telephone Number					
Enclosed	is a check for th	ne following amount:							
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)					
	Mailing Addres	<u>ss:</u>	<u> Street Address:</u>						

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

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

From: Amanda Phillips

Fax: 17028050815

To:

Fax: (850) 617-6383

Page: 4 of 6

05/16/2024 8:40 AM

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OP North Port LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000156730</u> .	were filed on 03/28/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
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
agent and/or the new registered office address nere.		2021
Name of New Registered Agent:		A T
New Registered Office Address:		5 6
	Enter Florida street address	
	, Florid	$ \mathbf{a} = \frac{1}{2\pi} \frac{G_f}{1 - $
New Registered Agent's Signature, if changing Registered Agent:	Cuy	The state of the s
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I furthe	
provisions of all statutes relative to the proper and complete 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 duties, and I provided for in Chapter 605, F.S	am familiar with and . Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

From: Amanda Philips Fax: 17028050815 To: Fax: (850) 617-6383 Page: 5 of 6 05/16/2024 8:40 AM
17.24UUU1/0.000 3
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
AMBR	Volume Investments FL LLC	8051 N. TAMIAMI TRAIL STE E6	≣∧dd
		SARASOTA. FL 34243	□ Remove
			□Change
AMBR	Volume Investments LLC	172 Center St Ste 202	□∧dd
		Jackson, WY 83001	■Remove
			□Change
			□Add
			Remove
			□Change
		 	🗆 \\dd
			□ Remove
			□Change
			□Add
			□Remove
			□Change
.			□Add
			□Remove
			□ Change

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D. If amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
. Effective date, if other than the d (If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	late of filing:
the record specifies a delayed effective ecord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated May 16	Quando Phillips
	amando Chillips
	ignature of a member or authorized representative of a member
Amanda Phillips, Represe	Typed or printed name of signee

H240001763863

Filing Fee: \$25.00