L23000165547

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VEOS (311)

COVER LETTER

Division of Cor		·	
SUBJECT: Ylase 1	LCLIC REALTY CLC	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Stephany Ross	Name of Person	
		ES Grosp (CC Firm/Company	
	11600 NW 29	Address Agr Al2	
	Coral Springs	City/State and Zip Code	
		6 6 and 1 Com to be used for future annual report notif	leation)
For further information c	oncerning this matter, please co	all;	
Stephany Ros	e me f Person	at (4.54) 364) Area Code Daytime	₹ <u>7.2 (</u> · Telephone Number
Enclosed is a check for the	ne following amount:		
□825.00 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 Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202317718 7711:35 (Name of the Limited Lability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{4/3}{2.3}$ and assigned Florida document number <u>L 23008165547</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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.

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
			□Add
			□Remove
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			⊡Add
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Note: I	te date, if other than the date of filing:
he record ord is file	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 d.
Dated _	12/10/23 December 10 . 2023
	Signature of a member or authorized representative of a member
	Signature of a memory of aumonized representative of a memoer

Filing Fee: \$25.00