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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: 304	Petrel Ll	C	
		ited Liability Company	·
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Sara	ah R. Hess Name of Person	
	Law Of		D. Hess
	P.O. B	ox 9454	
	Panan	na City Beach.	Fi 32417
	E-mail address:	City/State and Zip Code TVCart Caol a to be used for future annual report n	Com
For further information cor	cerning this matter, please ca	all:	::
Sarah R. Name of F	Hess	/	- 3004 time Telephone Number
Enclosed is a check for the	following amount:		
\$2,\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	orporations f Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

306 Petre	I LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	iability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	4 19 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 he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			·=
(Principal office address MUST BE A STREET ADDRESS)			
			٥
			2 9 1 2 9 1
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 re	cords, <u>enter the nam</u>	e of the new registo
agent and of the new registered office address nere.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	100
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete [

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u></u>			
			□Remove
			□Change
			□Remove
			
			
			□ Change
			□Remove
			□Change
		 	□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

The business purpose and a	activities
The business purpose and a of the business shall be and management of rea	ownership
and management of rea	lestate.
<u> </u>	
	7972
	<u> </u>
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional) e than 90 days after filing.) Pursuant to 60
te: If the date inserted in this block does not meet the applicable statutory filing ument's effective date on the Department of State's records.	requirements, this date will not be lis
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or s filed.	the earlier of: (b) The 90th day aft
00	
ed May 8 2023	