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COVER LETTER

Registration Section

TO:

Division of Co	rporations						
	RN TREASURES YALL LLC						
SUBJECT:	Name of Limited Liability Company						
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	ROBIN TOOMER						
		Name of Person					
	SGUTHERN TREASURES YALL LLC						
		Firm/Company					
	3712 W NAVY BOULEV	ARD					
		Address	· · · · · · · · · · · · · · · · · · ·				
	PENSACOLA FL 32507						
		City/State and Zip Code					
1	Southerntreasurespcola@gr						
	E-mail address: (to be used for future annual report notif	fication)				
For further information	concerning this matter, please c	all:					
ROBIN TOOMER		850 361-5560					
Name	of Person	Area Code Daytime	: Telephone Number				
Enclosed is a check for t	he following amount:						
□ \$25.00 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 (udditional copy is enclosed)				
Mailing Addre		Street Address:					
Registration Division of C		Registration Section Division of Corporations					
P.O. Box 632	27	The Centre of Tallahassee					
Tallahassee,	FL 32314	2415 N. Monroe Tallahassee, FL	e Street, Suite 810 32303				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHERN TREAURES YALL LLC 2023 MAY 18 AM 2: 39 (Name of the Limited Liability 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 APRIL 20, 2023 and assigned Florida document number L23000196789 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 _, Florida _

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 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	MICHAEL TOOMER	3712 W NAVY BOULEVARD	
		PENSACOLA FL 32507	
,			□Change
			□ Add
			□Remove
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effective date, if effective date is in If the date in ment's effective	other than the listed, the date maserted in this live date on the	le date of fili just be specific a block does no Department o	APRIL and cannot be at meet the ap f State's reco	prior to date opplicable statords.	filing or more	than 90 days after equirements, the	ional) er filing.) Pursi is date will n	uant to 605.0 ot be listed
ord specifies a filed.	delayed effecti	ive date, but n	iot an effecti	ve time, at 1	2:01 a.m. on	the earlier of: (b) The 9 0th	day after t
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	1	01	1000	2/9				
		Signature of	a member or a	nuthorized re-	resentative of	mamba:		

Filing Fee: \$25.00