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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WILLIAMS, PARKER, MARRISON, DIETZ & GETZEN.PLLC

Account Number : 072720000266 Phone : (941)366-4800 Fax Number : (941)552-7141

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TROY'S II LLC

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Help T. LEMIEUX MAY 3 0 2023 To:

company has been notified in writing of this change.

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Troy's II LLC (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 24, 2023 \_\_\_\_ and assigned Florida document number 1.23000202054 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 "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 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

If Changing Registered Agent, Signature of New Registered Agent

H23000193908 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

To:

<u>Title</u>	Name	Address	Type of Action
AMBR	Joy G. Tilley	4216 Iola Drive	
		Sarasota, FL 34231	₩ Remove
			□Change
MGR	Troy R. Williams	5212 Proctor Road	
		Sarasota, FL 34233	□Remove
			Change
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Tective date, if other than the date of filin an effective date is listed, the date must be specific and ote: If the date inserted in this block does not a perment's effective date on the Department of S	d cannot be prior to dat meet the applicable			
ecord specifies a delayed effective date, but not is filed.	t an effective time, a	at 12:01 a.m. on the ear	ier of: (b) The 90th day a	ifter the
ned 5/16/	. 2633 .			

Typed or printed name of signee