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| PICK-UP | ☐ WAIT | MAIL |
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| Special Instructions to Fil | ing Officer: | · • |
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Office Use Only



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COVER LETTER

| Div | ision of Cor | porations | | • |
|----------------|-------------------------------|--|---|---|
| SUBJECT: | | na City Holdings, LLC | • | |
| SOBJET. | | Name of Lim | ited Liability Company | |
| The enclosed | l Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ondence concerning this matter | to the following: | |
| | | Wendy Balelo | | |
| | | | Name of Person | |
| | | Anderson Business Adviso | ors | |
| | | *** | Firm/Company | |
| | | 3225 McLeod Dr. Suite 10 | 00 | |
| | | | Address | |
| | | Las Vegas, NV 89121 | | |
| | | | City/State and Zip Code | |
| | | ra@andersonadvisors.com | to be used for future annual report noti | Sani and |
| For further in | nformation co | oncerning this matter, please of | • | neation) |
| Wendy Bale | lo | | 800 706-4741 at () | |
| | Name of | f Person | Area Code Daytim | e Telephone Number |
| Enclosed is a | check for th | ic following amount: | | |
| □ \$25,00 F | iling 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) |
| | iling Address gistration S | | Street Address: Registration Sec | ction |

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

TO:

Registration Section

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

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

| ARTICLES | OF AMENDMENT | |
|--|---|--------------------------------------|
| | TO | • |
| ARTICLES | OF ORGANIZATION | 23 JUN 28 19 11:26 |
| | OF | ASS. NO. |
| | < | 14/1/1/19/19/19 |
| First Panama City Holdings, LLC | | 26 |
| (<u>Name of the Limited Liability (</u> (A Florida Li | Company as it now appears on our mited Liability Company) | records.) |
| The Articles of Organization for this Limited Liability Con- | npany were filed on 5/9/2023 | and assigned |
| Florida document number 1.23000229977 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited | d Liability Company," the designation | n "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE: | <u>SS)</u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| THE BOXY | | |
| • | | |
| B. If amending the registered agent and/or registered o agent and/or the new registered office address here: | ffice address on our records, | enter the name of the new registere |
| Name of New Registered Agent: | | |
| New Registered Office Address: | , <u></u> | |
| | Enter Florida street | address |
| | | . Florida |
| | City | Zip Code |

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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|---------------------------|----------------|
| AMBR | Frankie Trotter Alex | 3225 McLeod Dr. Suite 100 | ■ Add |
| | | Las Vegas, NV 89121 | □ Remove |
| | | | □Change |
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| Signature of a member or authorized representative of a member | ecord sp is filed, | ecities a delay | /ed effective | : date, but n | not an effec | ctive time | , at 12:01 | a.m. on th | e earlier o | f: (b) Th | e 90th day a | fter the |
| Signature of a member or authorized representative of a member | lum | e 23 | | | 2023 | | , | | | | | |
| Signature of a member or authorized representative of a member | ted | | 1 65 | | | | | | | | | |
| | ted | Words | Miller- | | | | | | | | | |