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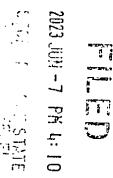
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Y. SCOTT JUL 2 9 2023

COVER LETTER

	vision of Cor				
CUBICT		HAM GALLUP 885, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclose	d Articles of .	Amendment and fec(s) are sub	mitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		MARILYN GALLUP			
			Name of Person		_
					20 - S
			Firm/Company		73 JI
		870 NOTTINGHAM DR	Address		
		FERNANDINA BEACH,			
			City/State and Zip Code		PH 4: 10
		seajade l@hotmail.com	•		10 To
		E-mail address: (to be used for future annual report noti	ification)	
For further i	information co	oncerning this matter, please c	all:		
MARILYN	GALLUP		904 753-1117 at ()		
	Name of	f Person	Area Code Daytim	ne Telephone Numbe	er
Enclosed is	a check for th	ie following amount:			
€ \$25.00	Filing Fcc	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Re Di P.	ailing Addres egistration S ivision of C O. Box 632 allahassec, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee oc Street, Suite	810

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

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NOTTINGHAM GALLUP 884, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviction "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.	(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)	
A. If amending name, enter the new name of the limited liability company here: NOTTINGHAM GALLUP 884, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviction "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	The Articles of Organization for this Limited Liability Comp Florida document number L23000252838	oany were filed on 05/23/2023	and assigned
NOTTINGHAM GALLUP 884, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevision "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailling 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	This amendment is submitted to amend the following:		
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 registeragent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Florida	A. If amending name, enter the new name of the limited	liability company here:	
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	(Mailing address MAY BE A POST OFFICE BOX)		-
New Registered Office Address: Enter Florida street address	B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the </u>	name of the new registe
Enter Florida street address	Name of New Registered Agent:		
, Florida	New Registered Office Address:		
		Enter Florida street address	
City Zip Code	·		
		City	Zip Code

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
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			□Change
			Remove
			2023 □ Change
			☐ ☐ ☐ ☐ Change
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	e date of filing: st be specific and cannot be prior to date of lock does not meet the applicable state pepartment of State's records.	filing or more than 90 days afte tutory filing requirements, thi	r filing.) Pursuant	to 605,020° be listed as
record specifies a delayed effective d is filed.	e date, but not an effective time, at 1	2:01 a.m. on the earlier of: (U) The 90th da	ıy after the
May 26	2023			
Dated				
Dated May 26 Marilyn Sal	Signature of a member or authorized re			