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COVER LETTER

TO: Registration Se Division of Cor						
SUBJECT: <u>VERSAT</u>	ILE LAND PROS, LLC Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Corpor	ate Maintenance Lea	ad			
		Name of Person		SECTION OF THE SECTIO		
		部 图 思				
		黑 2 1				
	1450 Vassar St					
		門台				
		City State and Zip Code				
	E-mail address: (to be used for future annual report notif	ication)			
For further information c	concerning this matter, please c	all:				
Process	sing Department	at , 800 , 638-2320				
	of Person		: 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)	Certificate Certified (☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERSATILE LA		
(<u>Name of the Limited Liahility Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>07/20/23</u>	and assigned
Florida document number L23000342921		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	tity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	****	2029 DEC SECREI
		7/R PR
		2 2
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
 	, Flori	ida
	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 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
MGR	Joshua Mcquaig	4430 Beechwood Rd	
		Bowling Green, FL 33834	Remove
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an effective date	is listed, the date	must be specific	and cannot be	prior to date of		than 90 days af			
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e record spe The 90th da				it not an ef	fective tim	e, at 12:01	a.m. or	the earli	er of
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	TO MA	Signature c	of a member of	nuthorized per	d Resentative of	a member			
			ر المارية		<i>T</i>				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00