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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135 Phone

: (305)789-3200

Fax Number

: (305)789-4137

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

Email Address: Julie@masgroupcorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FL RE LAKELAND HOLDINGS LLC

| Certificate of Status | 0 |
|-----------------------|---------|
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FL RE LAKELAND HOLDINGS, LL | c |
|---|--|
| (Name of the Limited I | lability Company as it now appears on our records.) Florids Limited Liability Company) |
| The Articles of Organization for this Limited Liabi Florida document number <u>L23000366381</u> | lity Company were filed on 8/03/23, effective 7/31/23 and assigned |
| This amendment is submitted to amend the following | ng: |
| A. If amending name, enter the new name of the | e limited liability company here: |
| The new name must be distinguishable and contain the words | s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | e: |
| (Principal office address MUST BE A STREET A | (DDRESS) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO. | xo |
| B. If amending the registered agent and/or regis | stered office address on our records, enter the name of the new registered ere: |
| • | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address , Florida |
| _ | City Tip 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 |
|----------------------|----------------|--------------------------|----------------|
| Authorized Person | Scott McGuigan | 2990 Ponce de Leon Blvd. | ■Add |
| | | Suite 500 | □Remove |
| | | Coral Gables, PL 33134 | □Change |
| | · | | □Add |
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| Hote: II the c | te, if other than the date of filing: | 605,0207 (listed as ti |
| he record special ord is filed. | ifics a delayed effective date; but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day t | after the |
| Dated | 28, 2024 | |
| | | |
| | Signature of a member or authorized representative of a member | • |
| | margini. | |

Filing Fee: \$25.00