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Registration Section

TO:

Division of Cor	porations			
STOCKIN	G ISLAND DEVELOPERS, L	.l.C		
SUBJECT:	Name of Lin	nited Liability Company	_	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Olivia Warden			
		Name of Person	<u> </u>	
	Steven Serle, P.A.			
	·	Firm/Company		
	5820 N. Federal Hwy			
		Address		~ 3
	Boca Raton, FL 33487			i cett
		City/State and Zip Code		
	olivia@stevenserlepa.com	to be used for future annual report not	itication)	 23
For further information c	oncerning this matter, please c		incation,	70 :72
	······································			. 설 - 선
Olivia Warden		561 912-3580 at()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Addres		<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations		Registration Se Division of Co		
P.O. Box 632	7	The Centre of T	Гallahassee	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 81	0

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STOCKING ISLAND DEVELOPERS, LLC		
(Name of the Limited Liability Compa (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 August 7, 2023	and assigned
Florida document number 1.23000370554		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		76
	5 .	 C
Enter new mailing address, if applicable:		~~~
		<u>. </u>
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
0.16		ران آمان معامل المان الم
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name	or the-new regis
gent and of the he wregistered office address here.		
Name of New Registered Agent:		
rante of the registered Agent.		
New Registered Office Address:	Enter Florida street address	
	Emer Piorida Mreet daaress	
	, Florida	Zip Code
	CHY	rap Cine

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.

DocuSign Envelope ID:E863C3A1-8265-46BC-BE99-7907649524DF in amenoning Authorized rerson(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	Matt Ricketts	104 Rokeby Farm Lane	□Add
		West Chester, P.A. 19382	= Remove
			□Change
			□ Add
			□Remove
			□Change
			Remove
			Change
			Change
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ective date, if other than the reflective date is listed, the date mu	st be specific and cannot b	e prior to date of	filing or more than t	00 days after filing	.) Pursuant to	605.020
te: If the date inserted in this becament's effective date on the D			utory filing require	ements, this date	will not be	listed a
	•				•	
cord specifies a delayed effective	e date, but not an effec	ctive time, at 1	2:01 a.m. on the ea	arlier of: (b) Th	ie 90th day a	ifter th
s filed.				. ,	•	
October 17	2023					
		··				
ed						
Occusioned by						
led	Signature of a member of	or authorized rep	resentative of a men	nber		

Filing Fee: \$25.00