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(((H230004057283)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX HOUSE LLP Account Number : I20150000069 Phone : (954)482-5000 Fax Number : (954)241-5600

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

Email Address: state@taxhouse.us

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLACK LOTUS SBM VENTURE LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK LOTUS SBM VENTURE LLC	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	ont tecord?)
The Articles of Organization for this Limited Liability Company were filed on $\frac{10/13/2}{2}$	2023 and assigned
Florida document number L23000471630	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the ilmited liability company here:	
BLACK LOTUS TUSCANY VILLAGE VENTURE LLC	2
The new name must be distinguishable and contain the words "Limited Liability Company," the design	ation, "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	
	`
	A
	; ;
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address on our recor	ds, enter the name of the new regist
agent and/or the new registered office address here:	
Name of New Registered Agent:	······································
New Registered Office Address:	
	ree: address

New Registered Agent's Signature, it changing

Thereby 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 un 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

To:

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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 = M $AMBR = A$	anwaen anwaen		
Title	Name	Address	Type of Action
			DAdd
		****	□Remove
			☐Change
			
			□Remove
		**************************************	; Change
			
			Певруе
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			::Change

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Hective (an effectiv	ate, if other than the date of filing:
<u>'ote:</u> If il œun x nt	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed effective date on the Department of State's records.
record sp is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after
D Lited.	
ated	1/27/2023
	100/200 day
	Signature of a member of auditorized representative of a member