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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH, ORLANDO

Account Number : I19980000090 Phone : (407)839-4200 Fax Number : (407)839-4264

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

종Email Address:\_

## SLLC AMND/RESTATE/CORRECT OR M/MG RESIGN CORTLAND, LLC.

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K. SALY

DEC 13 2024



December 9, 2024

FLORIDA DEPARTMENT OF STATE Division of Corporations

CORTLAND, LLC.

390 NORTH ORANGE AVENUE, STE 1400

ORLANDO, FL 32801US

SUBJECT: CORTLAND, LLC.

REF: L23000483953

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "PA." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

FAX Aud. #: H24000404551

Letter Number: 524A00026630

Karen A Saly Regulatory Specialist II Fax Services

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(H24000404551 3)

ARTICLES OF ORGANIZATION	$\sim$
OF	· //
CORTLAND, LLC	2 3
(Name of the Limited Liability Company as H now appears on our records.) (A Florida Limited Liability Company)	The Contract of the Contract o
The Articles of Organization for this Limited Linbility Company were filed on October 24, 2023 and assigned	بہ کا کے
Florida document number 1.23000483953	KILED SO
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
PAUL LINDER, LLC	!
The new name must be distinguishable and contain the words "Limited Limbility Company," the designation "LLC" or the alibrariation "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:	<u>ed</u>
31 7 1 10 M 111	į.
Now Registered Office Address:  Enter Florida street address	
. Florida	
Clty Zip Cade	1
New Registered Agent's Signature, if changing Registered Agent:	1
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.	<i>t</i>

If Changing Registered Agent, Signature of New Registered Agent

(H240004045513	3)

If amending Authorized Person(s) authorized to manage	, enter the fitte, name, and address of each person being:	a <u>dd</u> e
or removed from our records;		

<u>Title</u>	Name	Address	Type of Action
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Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicable statut	ory filing requir	ements, this date w	all not be listed as th
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Dated KEREMBUR. T	<u> </u>			
Dated VERWIEW. 1	Signature of a member or authorized repre	seniative of a mer	nber	

Filing Fee: \$25.00