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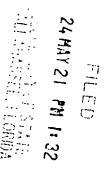
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## **COVER LETTER**

TO:

	Registration Se Division of Cor			
eum me		ELT DEVELOPMENT LLC		
SUBJEC.	1:	Name of Limi	ted Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Huton V	Name of Person	unson
		Playe	But Davelopi Firm/Company	nent
		4000 -	Treadwater C	<u> </u>
		Naples	FL 34100 City/State and Zip Code	1
		E-mail address: (i	e hutch law of the be used for future annual report notion	ffices. co M
For furthe	r information c	oncerning this matter, please ca	all:	
WI	Mame o	Hutoninson Person	at 239 424 Area Code Daytim	- 80 4 2 e Telephone Number
Enclosed	is a check for th	ne following amount:		
VZ \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	ction
	Division of C		Division of Cor	
I	P.O. Box 632	7	The Centre of T	`allahassee
-	lallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK BELT DEVELOPMENT LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our recor da Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability	Company were filed on 12/05/2023	and assigned
Florida document number L23000539133	<del></del> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	mited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		···
(Principal office address MUST BE A STREET ADL	ORESS)	
		<u> </u>
		- E
Enter new mailing address, if applicable:		X 77
(Mailing address MAY BE A POST OFFICE BOX)		温号二十二
		2.5
		ο Ι΄ <b></b> ω
B. If amending the registered agent and/or register agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		···
	Enter Florida street addre	255
	· · · · · · · · · · · · · · · · · · ·	lorida
	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 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>	<u>Address</u>	Type of Action
AMBR	Tyler Dumont	431 N Shore Drive, Osprey, FL 34229	□Add
			■Remove
			Change
			□Add
		<del> </del>	□Remove
			□Change
			□Add
		**************************************	□Remove
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ffective date, if other than the	date of filing: 5-13-24	(ор	tional)
an effective date is listed, the date mustote: If the date inserted in this bloom	t be specific and cannot be prior to d	late of filing or more than 90 days aff	ter filing.) Pursuant to 605.0207
ocument's effective date on the De	epartment of State's records.	statutory iming requirements, t	ms date will not be fisted as
		, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
	e date, but not an effective time,		
	e date, but not an effective time.		
d is filed.	e date, but not an effective time. 2024		
d is filed.			
d is filed.	· 2024		
record specifies a delayed effective dis filed.  Dated May 13		ed representative of a member	