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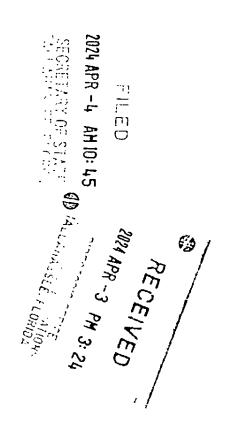
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(B	Business Entity Name)	
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Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SHRIFCT.	9529 NW HOLLYWOOD CT, LLC		
30b/BC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
		JEREMY GOUGH	
		Name of Person	
	9529	NW HOLLYWOOD CT, LLC	
		Firm/Company	
		9529 NW 24TH CT	
		Address	
		CORAL SPRING, FL 33065	
		City/State and Zip Code	
		OUGH @ GREYMANE.CO	
		to be used for future annual report n	otification)
For further information c	oncerning this matter, please co	all:	
JEREM	Y GOUGH	954 at ()	200-5037
Name o	f Person	Area Code Days	time Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration S	
Division of C	forporations	Division of C	forporations
P.O. Box 632	7	The Centre of	f Tallahaccee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

1021 APR 1 AM 10:45

9529 NW HOLLYWOOD CT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lie Florida document number L24000001852	ability Company were filed or	101/03/2024	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability compan	<u>y here</u> :	
N/A			
The new name must be distinguishable and contain the we	ords "Limited Liability Company,"	the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble: N/A		
(Principal office address MUST BE A STREET	2 4 D D D D D D D D D		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	ON DR, MARGATE, F	
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on or <u>shere</u> :	ur records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:	N/A		
New Registered Office Address:			
	Enter Florida street address		
		, Florid:	a
	City		Zip Code

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>	Address	Type of Action
MGR	JEREMY GOUGH	6233 NW 15CT MARGATE, FL 33063	= Add
		 	□Remove
			□ Change
AMBR	ESPERANZA GOUGH	6233 NW 15CT MARGATE, FL 33063	□ Add
			■Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
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			□Change
			□Add
		 	Remove
			□ Change

<i>-</i>			
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		02/03/2024	
n effective d (te: If the c	date inserted in this block	te of filing:	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (3 filing requirements, this date will not be listed as th
ecord speci is filed.	fies a delayed effective d	nc, but not an effective time, at 12:01 a	an, on the earlier of: (b) The 90th day after the
ted	02/05	2024	
	112		
S	Signal Signal	nature of a member or authorized representa	ative of a member
		JEREMY GOUGH	
		Typed or printed name of sign	20