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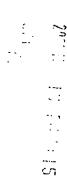
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration So Division of Co				
CLUDING	roject, LLC			
SUBJECT:	Name of Lim	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:		
	Stuart Boone			
		Name of Person	•	_
	Boone, Boone & Boone, F	P.A.		
Firm/Company			· · ·	
	1001 Avenida del Circo			
		Address		متوجر شون شون
Venice, FL 34285				
		City/State and Zip Code		
	tpeterson@tcunderwriters.c			U
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not	ification)	
Stuart Boone	concerning this matter, pieuse e	941 488-6716		
Name of Person		at ()	ne Telephone Number	
(value C	ii i cison	Area Code 17dythi	ne Telephone Number	1
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Addre		<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations		Division of Co		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810		

RECEIVED
APR 1 1 2024

Tallahassee, FL 32303

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

Ramona Project, ELC (Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	<u>, 3 (11 (11) 12) </u>
he Articles of Organization for this Limited Liability Company were filed on $\frac{\text{Jar}}{\text{Iorida document number}}$	
his amendment is submitted to amend the following:	
 If amending name, enter the new name of the limited liability company h 	<u>ere</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	
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)	 ن ن
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	r records, <u>enter the name of the new regi</u>
Name of New Registered Agent:	
1 0 CC	Florida street address
New Registered Office Address: Enter	

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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
AMBR	Thomas E. Peterson	874 Golden Beach Blvd	
		Venice, FL 34285	□Remove
			■ Change
AMBR	Ramona Patterson	874 Golden Beach Blvd	
		Venice, FL 34285	Remove
		 	
			ن: Remove
			Change
		-	□Remove
			Change
			□Add
			Change
			□Add
			□Remove

______ Change

amending any other information, enter change(s) here	. (Anden daamondi sheets, y he	cessury.)
		
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior t	to date of filing or more than 100 days after	ional)
<u>lote:</u> If the date inserted in this block does not meet the applica	able statutory filing requirements, th	is date will not be listed as
ocument's effective date on the Department of State's records		
record creatifies a delayed official to the house of 500 cm.		
record specifies a delayed effective date, but not an effective tir	me/at 12:01 a.m. on the earlier of: (b) The 90th day after the
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ated April 4	<u> </u>	`
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Simples of a market accounts	rized representative of a member	
Signature of a memoer or autho	rized representative of a member	

Filing Fee: \$25.00

COVER LETTER

	Registration Se Division of Co				
ALIA 15 A		oject, LLC			
SUBJECT:Name of Limited Liability Company					
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		Stuart Boone			
			Name of Person		
		Boone, Boone & Boone, P	P.A.		· 号
	Firm/Company				
		1001 Avenida del Circo			
			Address		<u> </u>
		Venice, FL 34285			
			City/State and Zip Code		·
		tpeterson@tcunderwriters.c			
		E-mail address: (to be used for future annual report notif	ication)	
For furthe	er information c	oncerning this matter, please c	all:		
Stuart Bo	one		941 488-6716 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for t	he following amount:			
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	Mailing Addres		Street Address: Registration Sec	tion	
Registration Section Division of Corporations		Division of Corp			
İ	P.O. Box 632	27	The Centre of T	allahassee	
Tallahassee, FL 32314		FL 32314	2415 N. Monroe Street, Suite 810		10

Tallahassee. FL 32303