

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000413523)))



H240000413523ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

an gerindenten (2001) garran dag administrye di palme di numerynu golden na rans and anno anno anno anno anno a

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email	Address:	:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SPYGLASS DEVELOPMENT LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

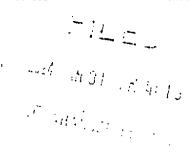
Electronic Filing Menu Corporate Filing Menu

Help

K. SALY

FEB - 1 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SPYGLASS DEVELOPMENT LLC

(Nume of the Limited Lish) (A Flori	ility Company as it now appears on our records.) da Limited Limbility Company)	
The Articles of Organization for this Limited Liability Florida document number $\frac{L24000016142}{L24000016142}$	Company were filed on January 12, 2024	and assigned
This amondment is submitted to amond 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	imited Liability Company," the designation "L.I.C" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		*******
(Principal office address MUST BE A STREET ADI	DRIESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida street address	
	, Florida	1Zw Code
	City	Zıp 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 Changing Registered Agent, Signature of New Registered Agent

From: James Ta

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

Title	Name	Address	Type of Action
AMBR	Jordan Becker	920 Almeria Road, West Palm Beach FL, 33405	■ Add
			🗀 Remove
			Change
AMBR	Heather Becker	920 Almeria Road, West Palm Beach FL, 33405	⊡Add
			Remove
			□ Change
AMBR	Khyle Becker	3630 Whitehall Drive, Unit 306, West Palin Beach	FL <u></u> 色Add
		33401	[]Remove
			(]Change
			□Remove
			Change
			□Add ☆
			∏Remove
			Change
.			⊞Add
			🖸 Remove
			[] Channe

To:

	<u> </u>
	٠ <u>٠</u> .
To the facility of the facilit	
fective date, if other than the date of filing:	statutory filing requirements, this date will not be listed a
ecord specifies a delayed effective date, but not an effective time, a is filed.	t 12:01 a.m. on the earlier of: (b) The 90th day after the
and January 30 2024	
Signature of a member or authorized	representative of a member