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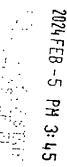
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COVER LETTER

· TO: Registration Se Division of Cor			·
subject: The	Woodropf H	DUS LLC ted Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter t	to the following:	
	Sarah Mar	Otta Geltz, ESq.	•
	Cornersto	M. Law Frm, P.	UC
	1511 E. Sta	12 Road 434, S	<u>utc 3049</u>
	WUHERSP	VINGS FL32708 City/State and Zip Code	<u> </u>
	Saran. 901+7 E-mail address: (1	o be used for future annual report notif	tone law.com
For further information c	oncerning this matter, please ca	il:	
Scircib G Name o	Person	at (407) 966 Area Code Daytime	-05 29 Telephone Number
Enclosed is a check for the	ne following amount:		
\$25,00 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Woody	ust House, LLC	
(<u>Name of the Lamited Liab</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L24 D0002744</u>	Company were filed on <u>January 12, 20</u> and assigned 1.	:d
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>		
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC" or the appreviation "L.L.C.	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADI	Some Property of the second se	- - - - -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3: 45	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new re</u> g <u>2</u> :	<u>gisterec</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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effective date, if other than the date of filing: CHE CF FILM (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1 ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day a filed.	ifter the
January 22 2024 January 22 2024 Signature of a member or authorized representative of a member	-
Sarah M. Gelfz Typed or printed name of signee	