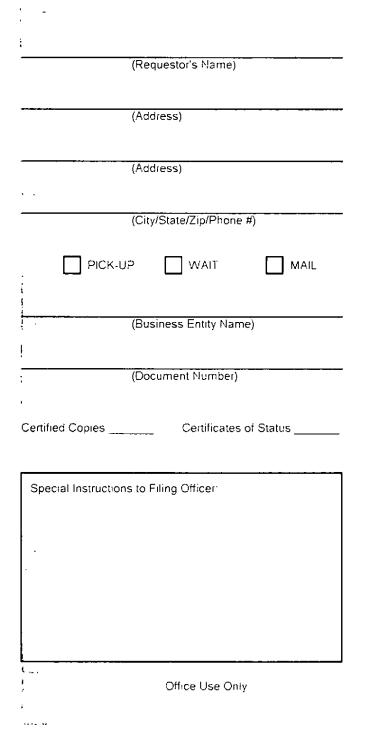
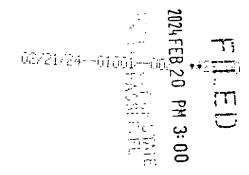
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COVER LETTER

TO:		istration Sect sion of Corpo				
SUBJE	œr.	Ädventure Re	ealiy, LLC			
SUDJEA	. I i ,		Name of Limit	ed Liability Company		
The encl	losed	Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please re	aurn	all correspond	lence concerning this matter to	o the following:		
			Wanda Miller			
				Name of Person		
			Adventure Realty, LLC			
				Firm/Company		
			3952 Cedar Bluff Rd			
				Address		
			Panama City, Florida 32409	ı		
				City/State and Zip Code		
			Wanda@adventurerity.com	be used for future annual i	rosan natification	
For furtl	ner in	formation con	icerning this matter, please cal		report notifications	
Wanda i	Mille		***	at (<u>850</u>) <u>832</u> Area Code	2-0922	
		Name of F	Person	Area Code	Daytime Telepho	one Number
Enclosed	d is a	check for the	following amount:			
≌ \$25	.00 F	iling Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adventure Realty, LLC		
(Name of the Limited Liah (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on January 16, 2024	and assigned
Florida document number 1.24000031818		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	~
Adventure Realty Group LLC		024
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	the abbreviation I.L.C."
Enter new principal offices address, if applicable:		20
Principal office address MUST BE A STREET ADI	DRESS)	2 P
		<u> </u>
		型 0
Enter new mailing address, if applicable:		; ··
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or register		name of the new registered
agent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida street address	
	Floria	
	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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Remove
			□Change
		,	□Add
			□Remove
			□Change
			□Remove
			□ Change
· ···········			□Add
			□ Romave

E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated February 20, 2024
Dated Tebruary 20, 2024. Wanda Signature of a member of a member of a member.
Signature of a member or authorized representative of a member WANDA L M. LLEY

Typed or printed name of signee