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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**Enter 1	the	email a	address	for	this	busin	ess	entity	to be	e use	d for	fut	uŗ
ann -	ual	report	mailin	gs.	Enter	only	one	email	add re	ess pl	.ease.	** ) 	17

~Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PORT RICHEY CW 2024, LLC.

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## ARTICLES OF AMENDMENT TO ★ ARTICLES OF ORGANIZATION OF

	OF
a de la companya de l	to the state of th
PORT RICHEY	
(Name of the Limited Liability) (A Florida L.	Company as it now appears on our records.) imited Liability Companyi
The Articles of Organization for this Limited Liability Con	npany were filed on _01/26/2024 and assigned
Florida document number <u>L24000050111</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d llability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST B <u>E A</u> STR <u>EET</u> ADDRES	SS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
	<b>% 2</b> (
Name of New Registered Agent:	724
Traine of New Neglitered rigon.	F. C. B. YI
New Registered Office Address:	
	Enter Florida street address 25 5
	Florida SZm Fode
	Cin Szip Gyle U

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.

New Registered Agent's Signature, if changing Registered Agent:

2/15/2024 13:13:09 PST

To 18506176383

Page: 3/4

From Registered Agents Inc.

Fax: 8134365206

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	<u>Name</u>	Address	Type of Action
AMBR	Barry Portnoy	1425 LOCUST STREET 8C	( <b>X</b> Add
		PHILADELPHIA, PA 19102	□Remove
			[]Change
			🗆 🗀 Add
			□Remove
			Change
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2/15/2024 13:13:09 PST	To: 18506176383	Page: 4/4	From Registered Agents Inc	Fax: 8134365206

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
ne record ord is fil	I 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 ed.
Dated	February 15
	Signature of a member or authorized representative of a member
	Robin Jones Typed or printed name of signee