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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations					
	Central Flo	ida Land Management LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspo	indence concerning this matter	to the following:				
		Brad Ward					
			Name of Person				
			Firm/Company				
		990 Miller Duve					
			Address				
		Altamonte Springs, Florida					
			City/State and Zip Code				
		brad@centralfloridaundergr	round.com to be used for future annual report	Lnotification)			
For further in	nformation c	oncerning this matter, please ca					
Brad Ward			407 832-813 at ()	32			
	Name o	f Person	Area Code Di	nytime Telephone Number			
Enclosed is a	check for th	ne following amount:					
□ \$25.00 H	filing Fee	(71 \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	iling Addres		Street Addres				
Registration Section Division of Corporations		Registration Section Division of Corporations					
P.O. Box 6327			The Centre of Tallahassee				

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Central Florida Land Management LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on February 9, 2024 and assigned Florida document number \_\_\_\_\_\_L24000072871 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Central Florida Land & Property LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_ 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 = M $AMBR = A$	lanager uthorized Member		
Title	Name	Address	Type of Action
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this blid document's effective date on the Di	ock does not meet th	e applicable sta	lutory filing requ	iirements, this d	ate will not be liste	.0207 ( ed as t
e record specifies a delayed effective rd is filed.	e date, but not an effe	ective time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day after	the
Dated May 16th		<del></del> ·				
Dated May 16th	. 202	<del></del> · · ·				
Dated	Signature of a member	· · · · · · · · · · · · · · · · · · ·	presentative of a m	oember		