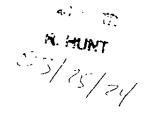
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Document #:		
Order #:	15454647	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORCHID STRE	ET OASIS, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000075066</u> .	were filed on $\frac{2/13/2024}{}$	and assigned		
This amendment is submitted to amend the following:	d to amend the following: ter the new name of the limited liability company here: hable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." s address, if applicable: UST BE A STREET ADDRESS) 240 South Pineapple Avenue, 9th Floor Sarasota, FL 34236 P.O. Box 49948 Sarasota, FL 34236 P.O. Box 49948 Sarasota, FL 34230-6948 A POST OFFICE BOX) Tered agent and/or registered office address on our records, enter the name of the new registered attered office address here: istered Agent:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	c/o Shumaker, Loop & Kendri	ck, LLP		
(Principal office address MUST BE A STREET ADDRESS)	240 South Pineapple Avenue, 9th Floor			
in the spin office in the second seco	Sarasota, FL 34236	2008 11.29 11.18		
Enter new mailing address, if applicable:	P.O. Box 49948	يَّدَ <u>ال</u> اران الا		
(Mailing address MAY BE A POST OFFICE BOX)	Inter new mailing address, it applicable:	(2)		
	address on our records enter			
agent and/or the new registered office address here:	<u></u>			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addres	rs		
	, FI	orida		
	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 Changing Registered Agent, Signature of New Registered Agent

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IT amonaing Authorized rerson(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
MGR	Jenifer S. Vaughn	c/o Shumaker, Loop & Kendrick, LLP	□Add
		P.O. Box 49948	□Remove
		Sarasota, FL 34230-6948	■ Change
			□ Add
			□Remove
			□ Change
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cument's effective date on the De	partment of State's records.			
	e date, but not an effective time, at	2:01 a.m. on the earlier of	(b) The 9	0th day after
s filed.				
March I	2024			
ted	DocuSigned by:			
	Signature of Amender And Many			
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