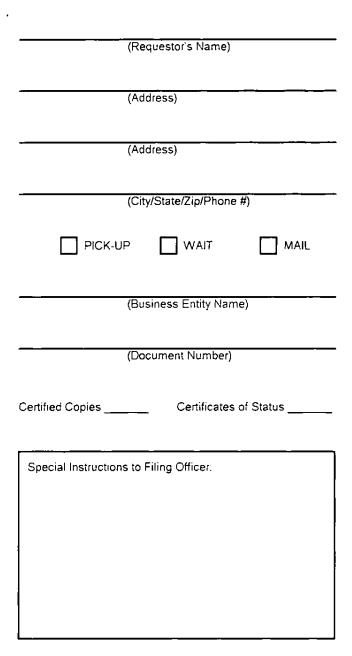
L240000 83147







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03/18/24--01003--012 **55.00

COVER LETTER

TO: Registration Section Division of Corpor	rations
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Art	nendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	EUA LUND QUIST - CRUZ Name of Person
	Firm/Company
	1750 SW CECELIA LANE
-	PORT ST LUCIE, FL 34953 City/State and Zip Code WEEPINGWILLOWS NEST Q GM211. CCM E-mail address: (to be used for future annual report notification)
For further information conc	cerning this matter, please call:
EJA Lo Nume of Pe	erson Z at (954) 309-0871 Area Code Daytime Telephone Number
Enclosed is a check for the f	ollowing amount:
☐ \$25.00 Filing Fee	\$55.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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
WILLOWS NEST LLC

WEEPING WILLOW	
(Name of the Limited Liability Company (A Florida Limited Lia	ns it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	rere filed on 2-15-24 and assigned
Florida document number <u>L240000 43</u> 147	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	-5.
	- 3
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>့</u>
	7
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</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 provisions of all statutes relative to the proper and complete percept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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
MGR	EVA LUNDGVIST	CRUZ 17505W CECELIALI	<u>7</u> 5 2 €900
		PURT ST LUCIE	□Remove
		FL 34953	□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			Change

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
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_	
_	
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_	
(If an effective Note: I	re date, if other than the date of filing: $3-15-2034$ (optional) tive 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 605.0207 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the other of the date on the Department of State's records.
he record ord is file	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 d.
Dated _	3-11 (, 2024.
	and they are co-
	Signature of a member or authorized representative of a member