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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190

Phone : (844)449-3624 Fax Number : (512)597-0678

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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F. LEMMEUN

2025-01-24 05:25:03 UTC+14 COVER LETTER

18506176383

From: ZenBusiness User

1.

TO: Registration So Division of Con		•	•
	perty Development LLC		ź -
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Diego Cruz		
	**	Name of Person	***************************************
	ZenBusiness INC		
		Firm/Company	
	336 E. College Ave Suite		
	Mark 4	Address	
	Tallahassee, FL 32301		
		City/State and Zip Code	
	fulfillment@zenbusiness.co	om (to be used for future annual report notif	
For further information of	concerning this matter, please of		readony
c/o ZenBusiness INC		844 493-6249	
Name c	of Person	at ()	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	LI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>»»:</u>	Street Address:	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

From: ZenBusiness User

Page: 3 of 5

To:

2025-01-24 05:25:03 UTC+14 18 AKTICLES OF AMENDMENT 18506176383 TO ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears imited Liability Company)	on our records.	<u> </u>
The Articles of Organization for this Limited Liability Conflorida document number 1.24000089637	mpany were filed on $\frac{2024}{1}$.	-02-20	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here	<u>c</u> :	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the des	ignation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	420 Thorn Ci Pen	sacola, EL 3251	26
, , , , , , , , , , , , , , , , , , , ,			
<u>Principal office address MUST BE A STREET ADDRE.</u>	<u> </u>		
Enter new mailing address, if applicable:	4771 Bayon Boule	evard Ste 3 #24	Pensacola, FJ_32503
Principal office address MUST BE A STREET ADDRE. Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address here:	4771 Bayon Boule		ne name of the new regi
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered office address here:	4771 Bayon Boule		200
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered o	4771 Bayon Boule		ne name of the new region
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered office address here:	4771 Bayon Bould	ords, <u>enter th</u>	ne name of the new regi
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	4771 Bayon Bould	ords, enter th	ne name of the new region

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

To:	•	•	Page: 4 of	5	202	5-01-2	4 05:25:03	UTC+14				06176383			From: ZenBusi	
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	<u>or ren</u>	noved f	<u>rom our rec</u>	<u>cords</u> :												

MGR=	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			[]Add
			□Remove
		<u> </u>	□Change
			∐Add
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			∏Add
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	rmation, enter change(s) here: (Attach additional sheets, (f necessary.)
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11.	

Note: If the date inserted in thi	the date of filing:
e record specifies a delayed efferd is tiled.	ective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
Dated	2025
/s/ Marvin Turno	CF
/s/ Marvin Turne	Signature of a member or authorized representative of a member