## 2400010364/

	i letan inn ten oth eine ine heef for bette in bestelle
(Requestor's Name)	
(Address)	80043216847
(Address)	0004321004
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	•
Certified Copies Certificates of Status	JALLAHAS
Special Instructions to Filing Officer:	FIRST FLORIDA
	•
	÷
Office Use Only	<del></del>



78

2024 JÜL 10 PM 3:22 RECEIVED

30012 10 AH 8:59

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

EXCALIBER, LLC	
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
Thank you Seth Neeley  Additional and the set of the se	Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Fictious Name File  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name  Corp Record Search  Officer Search  Fictitious Owner Search  Fictitious Owner Search
	Vehicle Search  Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Wall, In West 19	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

EXCALIBER	- )-LC
(Name of the Limited Linbility Compan (A Florida Limited L.	nas it now appears on our records.) inhility Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>LZ400010568</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new name of the limited liability of the new name o	y LlC
Enter new principal offices address, if applicable:	223 EAGLE ROCK DE.
(Principal office address MUST BE A STREET ADDRESS)	BNTE VEDRA, FL 3208
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	ZZ3 EAGLE ROCK DK. PONTE VEDRA, FL 372081
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
· · · · · · · · · · · · · · · · · · ·	SEAGLE ROCK DE. THE SE
PONTE!	VENSA Florida 32081
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
The state of the s	

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 Secont

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 = Aut	horized Member		
<u>Title</u>	Name	Address	Type of Action
Mer.	EDWARD S. BROOKING	ZZ3 EAGLE ROCK VR	XAdd
MGR	· ·	ZZ3 EAGLE ROCK DR PONTE VEDRA, FL 3708	Remove
			_
MGR	KICHARD K. BROKING	PONTE VEDRA, FL 32031	Shud
		PONTEVEDRA, FL 52081	_Xecmove
			_ [] Change
		<u> </u>	_ 🗆 Add
			_ 🗖 Remove
	·		_ Change
			⊒ □Add
		ASSEA	DAdd
		FA	æ D Gigange
			_ □Add
			_ □Remove
	-		_ 🗆 Change
			_ 🗆 Add
	•	<u> </u>	_□Remove
		<u></u>	🗖 Change

				<del>. , <u>.</u> ,</del>			
	_					·	
		<del></del>					
		<u> </u>			<del> </del>		
			<u></u>			<u></u>	
			<del></del>	<del></del>			<u> </u>
<del></del>							
·							~
							<u>73</u>
						1-1-1	<u>:</u>
						Y H	$\Box$
· · · · · · · · · · · · · · · · · · ·						- R	=
<del></del>		<del></del>				ਸੂਤ ਜਿ	Ö
				<del>.</del> ,			-59
		·				<del></del> -	_
		•					
					· <del></del>		
tive date, if othe	r than the date	of filing:			(optio	nal)	
: If the date inserte	ed in this block de	oes not meet the	applicable statut	iling or more that ory filing requ	n 90 days after i irements, this	filing.) Pursua date will not	nt to 60: be list
ment's effective da	te on the Departn	nent of State's re	cords.				
and amoration and along	and affirming data	. had mad an affin	ution time a st 13:	01		The Oak	
ord specifies a dela filed.	ved effective date	, out not an ener	cuve time, at 12:	or a.m. on the	earner of; (b)	i ne yuin c	iay arte
/.	1_	- 1					
d <u>07/1</u> 1	D/ <i>ZDZ</i>	<u> </u>	<del></del> •				
				20			

Filing Fee: \$25.00