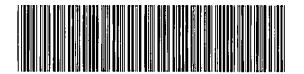
| (Address)                               |
|---|
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



100430064431

1. The second of the second of

2024 HAY 21 AM 2: 50

## **COVER LETTER**

TO:

|                          | egistration Se<br>vision of Cor |  |   |   |  |  |
|--------------------------|---------------------------------|--|---|---|--|--|
| ello luct.               |                                 | HARPE PROJECT DEVELOR                        | MENTS, LLC  |   |  |  |
| SUBJECT:                 | -                               | Name of Lim                                  | ited Liability Company  |   |  |  |
| The enclose              | ed Articles of                  | Amendment and fee(s) are sub                 | mitted for filing.  |   |  |  |
| Please retur             | n all correspo                  | ndence concerning this matter                | to the following:   |   |  |  |
|                          |                                 | FRANK C. SIMONE, ESC                         | Q.  |   |  |  |
|                          |                                 |  | Name of Person  |   |  |  |
|                          |                                 | FRNK SIMONE, P.A.                            |   |   |  |  |
|                          |                                 |  | Firm/Company  |   |  |  |
|                          |                                 | 701 BRICKELL AVENUI                          | E, SUITE 1550   |   |  |  |
|                          |                                 |  | Address   |   |  |  |
|                          |                                 | MIAMI, FL 33131                              |   |   |  |  |
|                          |                                 |  | City/State and Zip Code   |   |  |  |
|                          |                                 | FRANK@FRANKSIMON                             |   |   |  |  |
|                          |                                 |  | to be used for future annual report not                             | ification)  |  |  |
| For further              | information c                   | oncerning this matter, please ca             | all:  |   |  |  |
| FRANK SI                 | MONE                            |  | 305 221-8000 at (   |   |  |  |
|                          | Name o                          | f Person                                     |   | ne Telephone Number   |  |  |
| Enclosed is              | a check for th                  | ne following amount:                         |   |   |  |  |
| ■ \$25.00                | Filing Fee                      | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |
|                          | ailing Addres<br>egistration S  | _  | Street Address:<br>Registration Se                                  | ection  |  |  |
| Division of Corporations |                                 |  | Division of Co  | Division of Corporations  |  |  |
|                          | O. Box 632<br>Illahassee, I     |  | The Centre of 2415 N. Monro   | l allahassee<br>be Street, Suite 810  |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NEWCO SHARPE PROJECT DEVELOPMENTS, L  | LC   |                     |  |  |  |  |  |
|---|--|---------------------|--|--|--|--|--|
| (Name of the Limited Liability Comp.<br>(A Florida Limited  | any as it now appears on our records.)<br>Liability Company) |                     |  |  |  |  |  |
| The Articles of Organization for this Limited Liability Company were filed on MARCH 5, 2024  Florida document number L24000112661 |  |                     |  |  |  |  |  |
|   |  |                     |  |  |  |  |  |
| This amendment is submitted to amend the following:   |  |                     |  |  |  |  |  |
| A. If amending name, enter the new name of the limited liab   | oility company here:   |                     |  |  |  |  |  |
| SHARPE PROJECT DEVELOPMENTS, LLC  |  |                     |  |  |  |  |  |
| The new name must be distinguishable and contain the words "Limited Liabi   | ility Company," the designation "LLC" or the abl             | previation "L.L.C." |  |  |  |  |  |
| Enter new principal offices address, if applicable:   | 1212 SOUTH ANDREWS AVE.                                      | 20:                 |  |  |  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   | SUITE 203  | - <u>2</u> m        |  |  |  |  |  |
|   | FORT LAUDERDALE, FL 33316                                    | 2 Y                 |  |  |  |  |  |
|   | 5,7  | — I                 |  |  |  |  |  |
| Enter new mailing address, if applicable:   | 1212 SOUTH ANDREWS AVE.                                      | A                   |  |  |  |  |  |
| Mailing address MAY BE A POST OFFICE BOX)   | SUITE 203  | \(\alpha\)          |  |  |  |  |  |
|   | FORT LUDERDALE EL 22214 (C)                                  |                     |  |  |  |  |  |
|   | FORT LAUDERDALE, FL 33316                                    | · <del></del>       |  |  |  |  |  |

## 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.

City

Enter Florida street address

\_. Florida \_\_\_\_

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

| <u>Title</u> | Name                   | Address                   | Type of Action |
|--------------|------------------------|---------------------------|----------------|
| MGR          | KW PROPERTY MANAGEMEN' | 8200 NW 33RD STREET       | □Add           |
|              |                        | SUITE 300                 | ■Remove        |
|              |                        | MIAMI, FL 33122           | □Change        |
| PRES         | ORLANDO SHARPE         | 1212 SOUTH ANDREWS AVE.   | <b>=</b> Add   |
|              |                        | SUITE 203                 | □Remove        |
|              |                        | FORT LAUDERDALE, FL 33316 | □Change        |
| SEC          | RYAN SHARPE            | 1212 SOUTH ANDREWS AVE.   | <b>=</b> Add   |
|              |                        | SUITE 203                 | □Remove        |
|              |                        | FORT LAUDERDALE, FL 33316 | □Change        |
|              |                        |                           | □Add           |
|              |                        |                           | □Remove        |
|              |                        |                           | □Change        |
|              |                        |                           | □Add           |
|              |                        | ·                         | Remove         |
|              |                        |                           | □Change        |
|              |                        |                           | □ Add          |
|              |                        | ·                         | □Remove        |
|              |                        |                           | □Change        |

|  |  |                         |                          |                                 | <del></del>    |
|--|--|-------------------------|--------------------------|---------------------------------|----------------|
|  |  |                         |                          |                                 |                |
| _  |  |                         |                          |                                 |                |
|  |  | -                       |                          |                                 | <del>_</del>   |
|  |  | <del></del>             |                          |                                 |                |
|  |  |                         |                          |                                 |                |
|  |  |                         |                          |                                 |                |
| <del></del> .  |  |                         |                          |                                 | — <del>-</del> |
|  |  |                         | <del>,</del> .           |                                 |                |
|  |  |                         |                          |                                 |                |
| <del></del>  |  |                         | <u>.</u>                 |                                 | <del></del>    |
|  |  |                         | <u></u> _                |                                 |                |
|  |  |                         |                          |                                 |                |
|  |  |                         | <del>-</del> -           |                                 | <del></del>    |
|  |  | . <u>.</u>              |                          |                                 |                |
|  |  |                         |                          |                                 |                |
|  | <del></del>                                      |                         |                          |                                 | <del></del> _  |
|  |  |                         |                          |                                 |                |
|  |  |                         |                          |                                 |                |
| <del></del>  |  |                         |                          | <del></del>                     |                |
|  |  | <del></del>             |                          |                                 |                |
|  |  |                         |                          |                                 |                |
| Effective date, if other than the (If an effective date is listed, the date m    | ie date of filing: $\stackrel{ m M}{=}$          | IAY 16, 2024            |                          | _ (optional)                    |                |
| (If an effective date is listed, the date m Note: If the date inserted in this l | ust be specific and cannot block does not meet t | not be prior to date of | filing or more than 90 o | lays after filing.) Pursuant to | 605.0207 (3)(  |
| document's effective date on the   |  |                         | tory ming requirem       | ins, this date will not be      | fisicu as fiic |
|  |  |                         |                          |                                 |                |
| he record specifies a delayed effect ord is filed.                               | ive date, but not an e                           | ffective time, at 12    | :01 a.m. on the earli    | er of: (b) The 90th day         | after the      |
| N/ N/ 1/   |  |                         |                          |                                 |                |
| Dated MAY 16   |  | )24<br>                 |                          |                                 |                |
|  |  |                         |                          |                                 |                |
|  |  | $\cdot$ ( $\subset$     |                          |                                 |                |
|  |  |                         | esentative of a member   | ·                               | _              |

Typed or printed name of signee