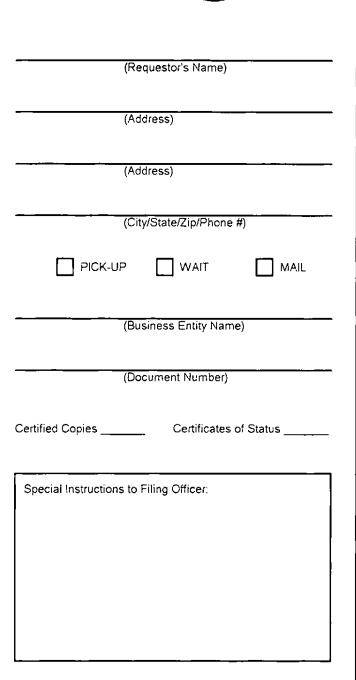
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Office Use Only





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SECRETARY OF STATE

TED

COVER LETTER

	Registration Se Division of Cor			
em me		HILL LLC		
SUBJEC	l:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		Christos Nicholoudis		
			Name of Person	
		The Law Firm of Christos	Nicholoudis PLLC	
			Firm/Company	
		1432 1st Street		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Sarasota FL 34236		
			City/State and Zip Code	
		cn227@cornell.edu		
		E-mail address: (to be used for future annual report no	tification)
For furthe	r information c	oncerning this matter, please c	all:	
Christos ?	Nicholoudis		941 448-5169 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for tl	he following amount:		
≡ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
F	Mailing Addres Registration S	Section	Street Address: Registration So	
I	Division of C	forporations	Division of Co	rporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

VINEGAR HILL LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	_
The Articles of Organization for this Limited Liability Company w	ere filed on an an	d assigned
lorida document number L24000128947		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabilit	y company here:	
BRADENTUCKY REALTY LLC		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:		_~
Principal office address MUST BE A STREET ADDRESS)	ni	7024 HA
		HA T
		15
Inter new mailing address, if applicable:	AST (1) SS	m
Mailing address MAY BE A POST OFFICE BOX)	E C	2 '
The state of the s	EX.	7.
•		0
3. If amending the registered agent and/or registered office adegent and/or the new registered office address here:	dress on our records, <u>enter the name of th</u>	e new regi <u>st</u>
Name of New Registered Agent:		
New Registered Office Address:		
· ——-	Enter Florida street address	
	, Florida	
	City Zip C	Code

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

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

			
			
	<u> </u>		
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		-	
ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blucument's effective date on the D	st be specific and cannot be prior to ock does not meet the applicab	date of filing or more than 90 o	_ (optional) lays after filing.) Pursuant to 605.02 ents, this date will not be listed
record specifies a delayed effectiv is filed.	e date, but not an effective tim	ne, at 12:01 a.m. on the earli	er of: (b) The 90th day after th
ated May 13	2024		
acc	·	- · •	
		,	
	200	-1	
	Signature of a member or author	ized representative of a membe	r

Filing Fee: \$25.00