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| Special Instructions to F | Filing Officer:   |             |
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### **COVER LETTER**

| Division of Corporations   | •  |   |
|--|--|---|
| SUBJECT: - Cony Beach Name of Limited  | Properties LL<br>Liability Company   | <u>_C</u>   |
| The enclosed Articles of Amendment and fee(s) are submit                               | ted for filing.  |   |
| Please return all correspondence concerning this matter to t                           | the following:   |   |
| lenne  | Name of Person   |   |
| ·  | Firm/Company   |   |
| _S3 Bria   | in Cuile Address   |   |
| i-lanif  | Sa Beach F<br>City/State and Zip Code<br>W Q Lan Canty . C<br>e used for futtyre annual report notification) | 32459<br>om   |
| For further information concerning this matter, please call:                           |  |   |
| Service Carly<br>Name of Person  | at ( 850 ) 499-79<br>Area Code Daytime Teleph  | 175<br>Jone Number  |
| Enclosed is a check for the following amount:  |  |   |
| \$25.00 Filing Fee \$\sum \text{Solution \$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) |

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 ARTICLES OF ORGANIZATION **OF**

1

| Cavly Bee   | uch Properties LLC   |
|---|--|
| ( <u>Name of the Limited Liab</u><br>(A Flor  | ility Company as it now appears on our records.)<br>ida Limited Liability Company) |
| The Articles of Organization for this Limited Liability<br>Florida document number <u>L24000184</u>     | Company were filed on $\frac{4/19/24}{19}$ and assigned                            |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the li   | mited liability company here:  |
| The new name must be distinguishable and contain the words "L   | imited 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 ADL  | DRESS)   |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                    |  |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | red office address on our records, enter the name of the new registere             |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  | Enter Florida street address   |
|   | , Florida  |
|   | City Zip Code :  |
| New Registered Agent's Signature, if changing Register  | red 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.

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> | <u>Name</u>   | Address  | Type of Action  |
|--------------|---------------|--|-----------------|
| AMBR         | John Carty II | 53 Brian Curle                                   | bad             |
|              | ,             | 53 Brian Circle<br>Souha Rosa Beach<br>FL, 32459 | □Remove         |
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| If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |                |
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| Effective date, if other than the date of filing:   | )<br>5.0207 (3 |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. |                |
| accument seriective date on the Department of State S records.  | ·              |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day affective distribution.   | er the         |
| Dated 1701130 . 2024.   |                |
| Signature of a member or authorized representative of a member  |                |
| J. Carlot   |                |
| 17 10 20 1 to 1 0 1/1\/   |                |