

9/20/24, 1:33 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000321130 3)))



H240003211303ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : THE PERMENTER LAW FIRM, P.A.  
Account Number : I20200000193  
Phone : (352)622-1811  
Fax Number : (352)622-1866

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

Email Address: bc@usre.co

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OCALA AIRPORT LAND 1, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 23 2024

11:11 AM

**H24000321130 3**

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

**Ocala Airport Land 1, LLC**

**(Name of the Limited Liability Company as it now appears on our records)**  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 25, 2024 and assigned Florida document number L24000195269.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company", the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal office address, if applicable:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_  
\_\_\_\_\_

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby certify 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**

**H24000321130 3**

**H24000321130 3**

C. 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

AR = Authorized Representative

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	USRE Management, LLC	327 W. Main Street, Suite 2 Charlottesville, VA 22903-5551	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b). Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) the 90<sup>th</sup> day after the record is filed.

Dated September 20, 2024.

Benjamin Cullop

Signature of a member or authorized representative of a member

BENJAMIN N. CULLOP

Typed or printed name of signee

Filing Fee: \$25.00

**H24000321130 3**