1740007/1427

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 6 Pillared Ho Name of Limited	USE LLC d Liability Company	
The enclosed Articles of Amendment and fee(s) are submi	tted for filing	
Please return all correspondence concerning this matter to	the following:	
Exica	Gill Man Name of Person	
le Pillares	House LLC Firm/Company	
105 Has	ell Lane	
St. Si k 	mons, GA 31	522
ed tucsor	City/State and Zip Code De used for future annual report notification)	<u>m</u>
For further information concerning this matter, please call	:	
Erica Gillman Name of Person	ai : 520 , 955-37 Area Code Daytime Telepho	20 one Number
Enclosed is a check for the following amount:		
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

ন্ত্রভা<u>নির Address:</u>
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallanassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

le Pillared.	House LC
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 Florida document number <u>124000211427</u>	ere fried on 5/6/2024 and assigned
uncomment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
-	
the new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	120
Principal office address MUST BE A STREET ADDRESS)	
	-7 = 17
Enter new mailing address, if applicable:	<u></u>
Mailing address MAY BE A POST OFFICE BOX)	.: 19
3. If amending the registered agent and/or registered office adegent and/or the new registered office address here:	dress on our records, enter the name of the new regist
Asme of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
_ 	7 in Code

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 juriher agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with anz' 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.

it 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 Title Name **Address** Type of Action AMBR Joshua Gillman 105 Hasell Lane DAD St. Simons Ist, GA 31522 ARCHOVE _____ElChange AMBR Erica Gillman 105 Hasell Lane (2011) St. Simons Ist, GA315ZZRemove ______ GChange _____ □Remove ______ = Remove

______ □Change

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ecti	ve date. if other than the date of filing:(optional)
n effe	ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be use.
	ent's effective date on the Department of State's records.
ecoro is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.
ાદલે _	7 June 2024
	Li I 1-10 Yournest IN IN
	Signature of a member or authorized representative of a member
	Joshua L. Gillman trica Gillman