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COVER LETTER

TO:

Registration Section

Division of Cor	rporations		
Central Pla	ce, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mark S. Berset		
		Name of Person	
		Firm/Company	, <u> </u>
	1 Beach Drive SE, Suite 2	30	
		Address	
	St Petersburg, FL 33701		
	<u> </u>	City/State and Zip Code	
	lorib@comegys.com		
For firther information o	oncerning this matter, please c	to be used for future annual report not	(Heation)
	oncerning this matter, prease c		
Mark S. Berset		727 515-5548 at ()	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Addres Registration 5		Street Address:	estion
Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	Tallahassee
Tallahassee, I	TL 32314	2415 N. Monre	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Central Place, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our recordited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp	oany were filed on 5/13/2024	and assigned
lorida document number 1.24000223017		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC	"Or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u></u>	_
		24
		JUN F
nter new mailing address, if applicable:		
<u>lailing address MAY BE A POST OFFICE BOX)</u>		為 元 四
		<u> </u>
. If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our records, <u>enter</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	0
		orida
	City	Zip 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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Felix Kamal Nematbakhsh TR	1028 Friendly Way S, St Petersburg, FL 33705	≣Add
			□Remove
			□Change
AMBR	Fiona Ann Nematbakhsh TR	1028 Friendly Way S. St Petersburg, FL 33705	■Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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ectiv	date, if other tha	in the date of fi	iling:			(optional)	
<u>ite:</u> II	the date inserted in	this block does n	ot meet the appli	icable statutory fi	i more than 90 day ling requiremen	s after filing.) Pursu ts, this date will n	ant to 605,020. of be listed as
cumen	t's effective date on	the Department	of State's record	8.			
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is filec	pecifies a delayed e	nective date, out	nor an effective	ume, at 12:01 a.i ^)	n. on the eartier	or: (b) The 90th	day after the
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ted	6 3	2024	1	·			
		Mal	1/5				
		Signature o	of amember or aut	horized representat	ive of a member		
		-	/	•			
	Mark S. Berset						