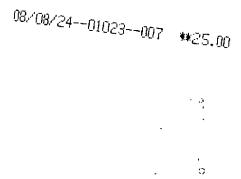
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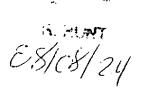
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	istration Sec ision of Corp				
SUBJECT:	South Ocean	Drive #642, LLC			
on, ect.	Name of Limited Liability Company				
The enclosed	l Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Aaron Botti			
			Name of Person		_
		Ossentjuk & Botti			* 1
			Firm/Company		
		2815 Townsgate Road, Sui	ite 320		
			Address		$\frac{-112}{36}$ $\frac{3}{3}$
		Westlake Village, CA 9130	61		EH 1:54
		abotti@oandblawyers.com	City/State and Zip Code		- FIE 24
		E-mail address: ()	to be used for future annual rep	port notification)	_
For further in	aformation co	ncerning this matter, please ea	all:		
Aaron Botti			805 557-6 at ()		
	Name of	Person	Area Code	Daytime Telephone Numb	ner
Enclosed is a	check for the	following amount:			
■ \$25.00 F	Tiling Fee	S30,00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certifi	Filing Fee, cate of Status & ed Copy nal 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Ocean Drive #642, LLC		
(<u>Name of the Limited Liability Ce</u> (A Florida Lim	ompany as it now appears on our record- ated Liability Company)	<u>v</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on May 15, 2024	and assigned
Florida document number 1.24000226360		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Horseshoe Point Road #2, LLC		
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 offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	· · · · · · · · · · · · · · · · · · ·
)'
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		777
SHARING MATERIAL AT OST OFFICE BOXY		<u> </u>
		[:]
3. If amending the registered agent and/or registered of igent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	<u> </u>
	. Flo	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.

Docusign Envelope ID: 51DE6B60-5318-490F-A18E-A3223847E600 in amenting Authorized rerson(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>	Name	Address	Type of Action
			Remove
			Change
			□ Add
			□Remove
			□Change
			- CAdd
			Remove
			Change
			□Remove
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i effective date is listed, the date in	block does not meet the applicable stat	(optional) f filing or more than 90 days after filing.) Pu utory filing requirements, this date wil	rsuant to 605.02 I not be listed
ecord specifies a delayed effecti s filed.	ive date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 90	Oth day after th
August 5	2024		
Signed to	Signature of a member or authorized rep		
(11min). Electry			