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(2) (2) 14 F112: 30

COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

| SUBJECT: | FUTURE LAND D | EVELOPMENT LWP, LLC | | |
|---|--|---|---|--|
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | | Chelsea J. Wallace | | |
| | - | Name of Person | | |
| | FUTUR | E LAND DEVELOPMENT LW | P, LLC | |
| | | Firm/Company | | |
| | | 7600 SW Fox Brown Rd. | | |
| | | Address | | |
| | Indiantown, FL. 34956 | | | |
| | - | City/State and Zip Code | | |
| | FutureLandInvestmentsLLC@gmail.com | | | |
| | E-mail address: (1 | o be used for future annual report in | otification) | |
| For further information c | oncerning this matter, please ca | ill: | | |
| Chelsea | Wallace | 863 634-126 | 8 | |
| Name o | f Person | Area Code Day | ime Telephone Number | |
| Enclosed is a check for the | ne following amount: | | | |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing Addres | | Street Address: | Saction | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

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

FUTURE LAND DEVELOPMENT LWP, LLC

| • | l O | | |
|--|----------------------------|---------------------------|--|
| ARTICLES OF | | ON , | 33 |
| (| OF | | |
| FUTURE LAND DEV | ELOPMENT LWP, LL | C | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |
| (Name of the Limited Liability Comp (A Florida Limited | | our records.) | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| (A Florida Limited | Liability Company) | , | - |
| he Articles of Organization for this Limited Liability Compan | y were filed on | 05/20/2024 | and assigned |
| Florida document numberL24000233486 | • | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | | |
| FUTURE LAND INVESTMEN | TS LWP, LLC | | |
| The new name must be distinguishable and contain the words "Limited Liab | oility Company," the desig | nation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRESS) | | | |
| 1 HILLEGAL OFFICE MUST BE A STREET ADDRESS | | | |
| | - | | |
| 7. | | | |
| Enter new mailing address, if applicable: | | <u> </u> | |
| Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | | |
| 3. If amending the registered agent and/or registered office | address on our reco | rds, <u>enter the na</u> | me of the new registe |
| gent and/or the new registered office address here: | | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | | | |
| | Enter Florida : | treet address | |
| | Enter Florida : | street address Florida | |

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 |
|--------------|-------------|-------------|----------------|
| | | | 🗆 Add |
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Page 2 of 3

|). If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| . 10241 | ive date, if other than the date of filing: |
| the red | ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | June 10 2024 |
| | (heha Wallace |
| | Signature of a member of authorized representative of a member |
| | Chelsea J. Wallace Typed or printed partie of signer |

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Filing Fee: \$25.00