

(((H24000360595 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SALVATORI LAW OFFICE, PLLC

Account Number : I20170000055 Phone : (239)308-9191

Fax Number : (239)552-4185

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** \ \frac{1}{2} LIS@SALVATORI.LEGAL

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Certificate of Status	0
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Helft. LEMIEUX OCT 30 2024

From: Sherrie Ode

(((H24000360595 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LANDINGS BC LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000254932</u>	were filed on June .2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office uddress MUST BE A STREET ADDRESS)		······
		·
Enter new malling address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
		721
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	ansen never have to the second se	ST.
New Registered Office Address:		61
	Enter Florida street address	
	Ciny, Florid	2
	I IN	Zin 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

From: Sherrie Ode

(((H24000360595 3)))

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>	Name	Address	Type of Action
AP	Richard W. Brahler II	1659 Vinland Way	■Add
		Naples, Florida 34105	Петюче
			Change
			UAdd
			□Remove
			☐ ☐ Change
		·- ·	DAdd
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