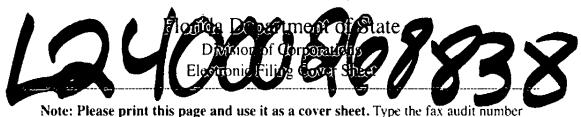
7/10/24, 11:59 AM

Division of Corporations



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(shown below) on the top and bottom of all pages of the document.



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Division of Corporations

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From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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JUL 1 1 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$ Florida document number $\frac{1.0000268838}{0.00000000000000000000000000000000000$	6/14/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company b	<u>nere</u> :
3212 NC Property Holdings 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 ADDRESS)	<u> </u>
	~ Q ₁
Enter new mailing address, if applicable:	<u>::</u> <u>د.</u>
(Mailing address MAY BE A POST OFFICE BOX)	
	0 [
	로 <u>대</u>
B. If amending the registered agent and/or registered office address on our	
agent and/or the new registered office address here:	57
Name of New Registered Agent:	
New Registered Office Address:	
	orida 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.

City

Zip Code

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
			🗆 Add
			□Remove
			□Add
			□Remove
			□Change
			🗆 Add
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			Remove
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Effective date, if other than the date of filing: If an effective 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 645.02. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The effective date and effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distinct of the date					
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Signature of a member or authorized representative of a member	Note: If the date inserted in this be document's effective date on the Exercise record specifies a delayed effective dis filed.			the earlier of: (b) Th	e 90th day after the
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