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2024 SEP 25 PH 5: 17

COVER LETTER

TO: Registration Sect Division of Corpo		
SHRIECT.	5302 Wildflower LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Priyanka Grover Name of Person	
	15302 Wild flower LLC Firm/Company	
	8958 West State Rd 84 Suite	124
	Davie FL 33324	
	Davie FL 33324 City/State and Zip Code Admin@Property max. net E-mail address: (to be used for future annual report notification)	
For further information con	ncerning this matter, please call:	
Priyanka	Cerson at (954) 947 3935 Area Code Daytime Telephone Number	
J Name of P	'erson Area Code Daytime Telephone Number	
Enclosed is a check for the	following amount:	
-	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status	of Status &
\$ 33	Certificate of Status Certified Copy Certificate of Status Certified Copy Certified Co Certified Copy Certified Copy Certifi	y is enclosed)
Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	rection Registration Section reporations Division of Corporations The Centre of Tallahassee	
rananassee, r i	Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

15302 Wildflower LLC

(Name of the Limited	Liability Company	as it now appears on our r	ecords.)	
(**	t Florida Limited Cia	omy Company)	1 0	202
The Articles of Organization for this Limited Liab	oility Company w	ere filed on	24	and assigned
Florida document number		713	7-5	and assigned
This amendment is submitted to amend the follow	ving:		HAS.	G.
A. If amending name, enter the new name of t	he limited liabili	ty company here:	in the	ြောင်း ကြော
	NIA	-	L	·· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the designation	"LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicat	nie:			
(Principal office address MUST BE A STREET		8958 W	lest S-	tateRd 84
Trincipal office unuress most ble A STREET	ADDKLBSJ	Cuite 12 4		FL 33324
		- SMAR-14-L		<u>. 10))</u>
Enter new mailing address if applicable.		8908 West	State	Rd 84
Enter new mailing address, if applicable:	OV)	Suite 124	Day	16. F1. 333
(Mailing address MAY BE A POST OFFICE B	<u>5X)</u>	- Sur 129	<u> Uan</u>	Te Fl Do
B. If amending the registered agent and/or regagent and/or the new registered office address		dress on our records, <u>e</u>	nter the name	e of the new registered
Name of New Registered Agent:	Madar	n M Grov	er _	
		- · • • · · · · · · · · · · · · · · · ·		
New Registered Office Address:		Enter Florida street o	ıddress	
	8958 W	1 Clata 01911	731 · 1	72224
	DI DE IN	1 State Rd 84 City Suite 12	_, Fiorida	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	Davis	9	
I hereby accept the appointment as registered		DOVIE	I further agr	ree to comply with the
provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this change.	and complete pare ered agent as pr gistered office a	erformance of my dutie ovided for in Chapter (es, and I am fo 605, F.S. Or,	amiliar with and if this document is
	If Character	ing Registered Agent Signa	ture of New Reg	lictored Agent
	n Changi	us vesisteren viscuti zikua	care of new Keg	istered 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>	Name	Address	Type of Action
MBR_	Priyanka Grover	8958 W State Rd 84 Suikky	_ ⊠Add
	S	Davie FL 33324	□Remove
			□ Change
			□Add
			□Remove
			□Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>
E. Effective date, if other than the date of filing: 7 5 24 (optional) (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 605.0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated Sept 19 , 2024.
Signature of a member or hugher representative of a member
Madan M Grover (Manager) Typed or printed name of signee

Filing Fee: \$25.00