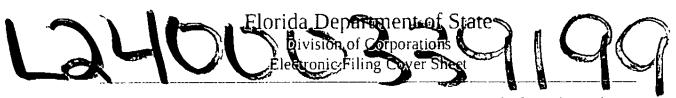
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Division of Corporations



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(((H24000401190 3)))



H240004011903ABCV

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOJAR ST. AUGUSTINE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Help

12/5/2024 11:33:20 PST . To: 18506176383 Page: 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOJAR ST. AUGUSTINE LLC	
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.) (ty Company)
The Articles of Organization for this Limited Liability Company were Florida document number £24000339199	e filed on 08/01/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	dn →
	<u> </u>
	· ω
Enter new mailing address, if applicable:	17
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ess on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin Codu

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.

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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
AMBR	STONER, MICHELLE	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	■Remove
			Change
			□Add
			□Remove
			☐ Change
			□Remove
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		·····	□Remove
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		***************************************	□Remove
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. Effective date, if other tha (If an effective date is listed, the da Note: If the date inserted in t document's effective date on	his block does not meet th	ie applicable statutory f	(optional or more than 90 days after filing frequirements, this date) 2.) Pursuant to 605,0207 (3)(2. will not be listed as the
the record specifies a delayed elector is filed.	Tective date, but not an eff	fective time, at 12:01 a.	m, on the earlier of: (b) 1	he 90th day after the
Dated December 5th	202	24		
		2 4 Tor authorized representa		

Typed or printed name of signee