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COVER LETTER

TO:

Registration Section

Divis	sion of Cor	porations			
\$ \{\bar{\bar{\bar{\bar{\bar{\bar{\ba		rd Way, LLC			
SUBJECT: _		Name of Lim	ited Liability Company		
I I					
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return a	all correspo	indence concerning this matter	to the following:		
		Susan Stratton			
			Name of Person	 	
		801 Leeward Way, LLC			
			Firm ² Company		
4		4188 Westroads Dr. Unit 1			
			Address		
		West Palm Beach, FL 3340)7		
			City/State and Zip Code		
		susan@hunterspalmbeach.c	om to be used for future annual report no	otification)	
For further inf	formation c	oncerning this matter, please c			
Susan Strattor	n		561 899-3508		
	Name o	f Person		me Telephone Number	
Enclosed is a	check for th	ne following amount:			
☆ \$25.00 Fi	ling 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)	
•	ing Addres		Street Address:	Section	
Registration Section Division of Corporations		_	Registration Section Division of Corporations		
P.O.	. Box 632	7	The Centre of	Tallahassee	
Tall	ahassee, l	FL 32314	2415 N. Moni	roe Street, Suite 810	

Tallahassee, FL 32303

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

FILED

801 Leeward Way, LLC

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Zip Code

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Ellinica 2	inomity Company,	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on 8/23/2024	and assigned
Florida document number L24000370712		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
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>ente</u>	r the name of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street addre	255
	F	lorida

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 mv 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

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>	<u>Address</u>	Type of Action
AMBR	Laura Lumbra	4188 Westroads Dr. Unit 112	
		West Palm Beach, FL	Remove
		33407, US	Change
AMBR	Lumbra Property Holdings, LLC	4188 Westroads Dr. Unit 112	■Add
		West Palm Beach, FL	□Remove
		33407, US	
			□Add
			⊡Change
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date ϵ block does not meet the applicable sta	of filing or more than 90 days after fututory filing requirements, this	iling.) Pursuant to 60	5.0207 ted as
	tive date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day afte	er the
•				
rd is filed.	, 2024			
rd is filed.	Signature of a member or authorized re			