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| XX | РНОТОСОРУ | | | |
| | CUS | | | |
| XX | FILING | LLC AMEND | | |
| 1. | GOLFAIR AND WRIG | HT, LLC CUMENT#) | | |
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| 3. | (CORPORATE NAME AND DO | CUMENT#) | | |
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Docusign Envelope ID: 097E91A6-9D42-4BE2-8CCF-88212BA25C1B ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED **OF**

2024 DEC 25 PM 1:58

| GOLFAIR AND WRIGHT, LLC | · · · . | # ሩፔ÷፣ፓ |
|---|---|--------------------------------|
| (<u>Name of the Limited Liabi</u> (A Florid | lity Company as it now appears on our record da Limited Liability Company) | <u>s.</u>) |
| The Articles of Organization for this Limited Liability of Plorida document number L24000371594 | Company were filed on 08/23/2024 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the lin</u> | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lin | mited 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 ADD | ORESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| 3. If amending the registered agent and/or registere | | the name of the new regist |
| gent and/or the new registered office address here: | : | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| - | Enter Florida street addres. | s |
| | | orida |
| | City | Zip 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.

Docusign Envelope ID: 097E91A6-9D42-4BE2-8CCF-88212BA25C1B 11 amending Authorized rerson(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 | ABIDE IN VINE LIMITED PARTNERSHIP | 112 COLDWATER CREEK DRIVE | □Add |
| | | MCDONOUG, GA 30252 | ■Remove |
| | | | □Change |
| MGR | STEVENS, STEPHANIE | 112 COLDWATER CREEK DRIVE | □Add |
| | | MCDONOUG, GA 30252 | ■Remove |
| | | | □Change |
| Member | Stephanie Lynn Stevens | 112 COLDWATER CREEK DRIVE | ⊠Add |
| | | MCDONOUG, GA 30252 | □Remove |
| | | | □Change |
| Member | Owen Benjamin Stevens | 112 COLDWATER CREEK DRIVE | 🖸 Add |
| | | MCDONOUG, GA 30252 | □Remove |
| | | | Change |
| | | | □Add |
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| | | <u> </u> | □Remove |
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| D. If ame | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: | ve date, if other than the date of filing: |
| f the record ecord is fil | A 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 ed. |
| Dated | |
| | Stephanie Lynn Stevens |
| | Signaldre of a member or authorized representative of a member |
| | Stephanie Lynn Stevens |
| | Typed or printed name of signee |

Filing Fee: \$25.00