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| PICK-UP                   | WAIT MAIL              |
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| Certified Copies          | Certificates of Status |
| Special Instructions to f | Filing Officer:        |
|                           |                        |
|                           | J. HORNE               |
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Office Use Only



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## **COVER LETTER**

|                             | IES OF PINE LAKE LLC   |                         |  |
|-----------------------------|--|-------------------------|--|
| SUBJECT:                    | Name of Lim  | ited Liability Company  |  |
| The enclosed Articles of    | Amendment and fee(s) are sub   | mitted for filing.      |  |
| Please return all correspo  | ondence concerning this matter   | to the following:       |  |
|                             | CHRISTINE A. SPEARS  |                         |  |
|                             | Division of Corporations  PROPERTIES OF PINE LAKE LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  See return all correspondence concerning this matter to the following:  CHRISTINE A. SPEARS  Name of Person  PROPERTIES OF PINE LAKE LLC  Firm/Company  12980 TARPON SPRINGS RD  Address  ODESSA, FL 33556  City/State and Zip Code  CHRIS@PINELAKELLC.COM  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  BERT SPEARS  Name of Person  Area Code  Daytime Telephone Number  losed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee |                         |  |
|                             |  |                         |  |
|                             |  | Firm/Company            | <del></del>                            |
|                             | Division of Corporations  PROPERTIES OF PINE LAKE LLC  Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:  CHRISTINE A. SPEARS  Name of Person  PROPERTIES OF PINE LAKE LLC  Firm/Company  12980 TARPON SPRINGS RD  Address  ODESSA, FL 33556  City/State and Zip Code  CHRIS@PINELAKELLC.COM  E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:  T SPEARS  Name of Person  Area Code  Name of Person  Area Code  Daytime Telephone Number  Lis a check for the following amount:  00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations |                         |  |
|                             | <del></del>  | Address                 |  |
|                             | ODESSA, FL 33556   |                         |  |
|                             |  | City/State and Zip Code | ···                                    |
|                             | •  |                         |  |
|                             |  |                         | ication)                               |
| For further information c   | oncerning this matter, please c  | all:                    |  |
| ROBERT SPEARS               |  |                         |  |
| Name o                      | f Person   |                         | Telephone Number                       |
| Enclosed is a check for the | ne following amount:   |                         |  |
| ■ \$25.00 Filing Fee        |  | Certified Copy          | Certificate of Status & Certified Copy |
|                             |  |                         | tion                                   |
| <del></del>                 |  |                         |  |
|                             |  |                         |  |
| Tallahassee,                | FL 32314   | 2415 N. Monroe          | Street, Suite 810                      |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 NOV -1 PH 1: 07

## PROPERTIES OF PINE LAKE LLC

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

| Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  City Zip Code   | · ·  | • •   | • • • • •                    |
|---|--|---|------------------------------|
| 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 Company," the designation "LLC" or the abbreviation "L.L.C."  The new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  The new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address | The Articles of Organization for this Limited Liability C      | Company were filed on 8-27-2024                 | and assigned                 |
| the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  It amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  City Zip Code   | lorida document number L24000376727                            | <del></del> '                                   |                              |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Zip Code  | This amendment is submitted to amend the following:            |   |                              |
| 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Zip Code  | A. If amending name, enter the new name of the lim             | ited liability company here:                    |                              |
| Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida  | he new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new mailing address, if applicable:    Mailing address MAY BE A POST OFFICE BOX   | Enter new principal offices address, if applicable:            |   |                              |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  | Principal office address MUST BE A STREET ADDI                 | RESS)   |                              |
| Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  City Zip Code   |  | <del></del>                                     |                              |
| Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  City Zip Code   |  |   |                              |
| 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Tip Code   |  | -   |                              |
| Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  City  Zip Code   | Mailing address MAY BE A POST OFFICE BOX)                      |   |                              |
| Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  City  Zip Code   |  |   |                              |
| Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address   | 3. If amending the registered agent and/or registere           | d office address on our records, enter t        | he name of the new registe   |
| New Registered Office Address:  Enter Florida street address  | gent and/or the new registered office address here:            |   |                              |
| New Registered Office Address:  Enter Florida street address  |  |   |                              |
| Enter Florida street address  | Name of New Registered Agent:                                  |   |                              |
|   | New Registered Office Address:                                 |   |                              |
| · · · · · · · · · · · · · · · · · · ·   |  | Enter Florida street address                    |                              |
| · · · · · · · · · · · · · · · · · · ·   |  |   | rida                         |
|   |  | City  | Zip Code                     |

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.

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 |
|--------------|-----------------------|--|----------------|
| MGR          | Christine A. Spears   | 7901 4th St N, Suite 300                       | <b>≡</b> Add   |
|              |                       | St. Petersburg, FL 33702                       | □Remove        |
|              |                       |  | □Change        |
| AMBR         | Robert M. Spears      | 7901 4th St N, Suite 300                       | ★Add           |
|              |                       | St. Petersburg, FL 33702                       | □Remove        |
|              |                       |  | Change         |
| AMBR         | AMBR Connor M. Spears | 7901 4th St N, Suite 300                       | j₹/Add         |
|              |                       | St. Petersburg, FL 33702                       |                |
|              |                       | <del></del>                                    | □Change        |
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| fective date, if other than the neffective date is listed, the date mote:  If the date inserted in this becament's effective date on the I | e date of filing:<br>ist be specific and canno<br>lock does not meet th | ie applicable statute | ling or more than 90 da<br>ory filing requiremen | (optional) sys after filing.) Pursuant on the filing of the filing. | to 605.0207<br>e listed as |
| ecord specifies a delayed effecti<br>is filed.   | ve date, but not an eff   | fective time, at 12:0 | I a.m. on the earlie                             | r of: (b) The 90th day  | / after the                |
| October 28   | 202   | 24                    |  |   |                            |
| ted PMG  | es -  | · ·                   |  |   |                            |
|  | Signature of a member   | r or authorized repre | sentative of a member                            |   | _                          |
| ,  | - B   | •                     |  |   |                            |

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Filing Fee: \$25.00