

# L250002273797

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BURR & FORMAN LLP  
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**\*\*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**  
**24M 100 BARCLAY, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

K. SALY

JUN 24 2025

2025 JUN 23 AM 11:50

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2025 JUN 23 PM 2:51  
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2025 JUN 23 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

24M 100 Barclay, LLC

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

The Articles of Organization for this Limited Liability Company were filed on June 11, 2025 and assigned  
Florida document number 1.25000273797.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

14M 100 Barclay, LLC

The new name must be distinguishable and contain the words "Limited 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 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

City, Florida 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.

If Changing Registered Agent, Signature of New Registered 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

| Title | Name                | Address                          | Type of Action                             |
|-------|---------------------|----------------------------------|--|
| MGR   | PLB Management, LLC | 200 S. Orange Ave. Ste. 800      | <input checked="" type="checkbox"/> Add    |
|       |                     | Orlando, FL 32801                | <input type="checkbox"/> Remove            |
|       |                     |                                  | <input type="checkbox"/> Change            |
| MGR   | Patrick E. Law      | 558 W. New England Ave, Ste. 230 | <input type="checkbox"/> Add               |
|       |                     | Winter Park, FL 32789            | <input checked="" type="checkbox"/> Remove |
|       |                     |                                  | <input type="checkbox"/> Change            |
|       |                     |                                  | <input type="checkbox"/> Add               |
|       |                     |                                  | <input type="checkbox"/> Remove            |
|       |                     |                                  | <input type="checkbox"/> Change            |
|       |                     |                                  | <input type="checkbox"/> Add               |
|       |                     |                                  | <input type="checkbox"/> Remove            |
|       |                     |                                  | <input type="checkbox"/> Change            |
|       |                     |                                  | <input type="checkbox"/> Add               |
|       |                     |                                  | <input type="checkbox"/> Remove            |
|       |                     |                                  | <input type="checkbox"/> Change            |
|       |                     |                                  | <input type="checkbox"/> Add               |
|       |                     |                                  | <input type="checkbox"/> Remove            |
|       |                     |                                  | <input type="checkbox"/> Change            |

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IN AND FOR THE COUNTY OF PALM BEACH

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

*(This area is for amendments. A diagonal line is drawn across the space, indicating no changes were made.)*

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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)(b)  
**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 June 23, 2025

Anthony W. Justice  
Signature of a member or authorized representative of a member

Anthony W. Justice, Authorized Rep.

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00