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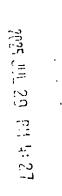
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COVER LETTER

TO: Registration Section

Divisio	on of Corp	porations		
eletica.	Hicko	ry Island Homes LLC.		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	rticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all	l correspoi	ndence concerning this matter	to the following:	
		Ty Morzilla		
			Name of Person	
		Hickory Island Homes LLO	• •	
			Firm/Company	
		26275 Hickory BEVD Lot	I	
			Address	
		Bonita Springs, FL 34134		
			City/State and Zip Code	
		tmorzilla1418@gmail.com	to be used for future annual report notification)	
The section of the Co				
	rmation cc	oncerning this matter, please ca		
Ty Morzilla		Person	570 764-8397 at () Area Code Daytime Telephor	
	Name of	Person	Area Code Daytime Telephor	ne Number
Enclosed is a ch	neck for th	e following amount:		
□ \$25.00 Fili	ng Fec	■ \$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)
Regis Divis P.O. 1	Box 632	ection orporations	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	sec

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hickory Island Homes 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 23, 2025 __ and assigned Florida document number _1.25000289159 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 "LLC." 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

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 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
AMBR	Ty Morzilla	26275 Hickory BLVD Lot 1	■Add
		Bonita Springs FL, 34134	
			□Change
			□Add
			Remove
			Change
		□Add	
			Remove
			☐ Change
		□Add	
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			□ Remove
			□Change
			□Add
			Remove
			∏ Change

	an authorized member, AMBR. Following this amendment, I will act as registered
agent as well as authorized mer	mber of Hickory Island Homes LLC.
	
- "	
	
Note: If the date inserted in this bloc locument's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (ck does not meet the applicable statutory filing requirements, this date will not be listed as to partment of State's records.
e record specifies a delayed effective d is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	2025
July 10 Dated	
Dated	

. . . .

Filing Fee: \$25.00