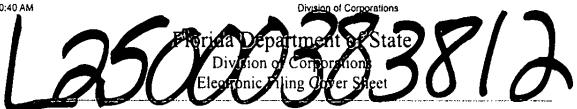
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From:		
	Account Name	: TILLETT ALVARADO & PRENDERGAST
	Account Number	: I20210000002
	Phone	: (561)345-2416
	Fax Number	: (561)907-4965
Enter	the email addres	s for this business entity to be used for futur

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALTON ROAD HOLDINGS LLC

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COVER LETTER

TO: Registration Se Division of Con			-
· ALTON R	OAD HOLDINGS LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JAMES KERPSACK		
		Name of Person	
	ALTON ROAD HOLDIN	GS LLC	
		Firm/Company	
	446 SAVOIE DRIVE		
	- , , , , , , , , , , , , , , , , , , ,	Address	
	PALM BEACH GARDEN	IS, FL 33410	
		City/State and Zip Code	
	JKERPSACK@HOTMAIL		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all;	
JAMES KERPSACK		317 412-2438	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fec & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	otion
Registration : Division of C		Registration Sec Division of Cor	
DOD (33		TT1 (7	,

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALTON ROAD HOLDINGS 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 AUGUST 19, 2025 __ and assigned Florida document number 1.25000383812 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 13344 ALTON RD PBG, 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

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.

City

_, Florida

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
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an effective	date is listed, the o	an the date of	fic and cannot be	prior to date of fil	ing or more than 90	(optional) days after filing.) i	orsuant to 605.0207
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record spec is filed.	cifies a delayed	effective date, bu	ut not an effecti	ve time, at 12:0	l a.m. on the car	lier of: (b) The	90th day after the
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	<i>F1</i>		<i>II</i> -		_		
_		Signature	e of a member or	authorized repres	entative of a memb	er	