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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	EMOTAL (OC Name of Lin	IST DOVOLOMONT lited Liability Company (	- Partners LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.	
Please return all correspo	ondence concerning this matter	to the following:	
		MIQIO GINFFO	
		Firm/Company	
	<u> 4810 S</u>	Sky Blood.	
		utz, Fl 3355	58
	•	City/State and Zip Code 10/10, 0/14/0000000000000000000000000000000000	Mail, con
For further information c	oncerning this matter, please ca	_	
Name o	NIQUO GIAFRAQ of Person	at (561) 370 Area Code Daytime	- 338 O e Telephone Number
inclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMORAL COAST DEWLONONT PARTNERS 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 of Florida document number <u>L9700000</u>	Company were filed on <u>TU</u>	<u>10, 27, 1997</u> and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:	(n.	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	ntion "LLC" or the abbreviation	L.L.C."
Enter new principal offices address, if applicable:		Ç	`
(Principal office address MUST BE A STREET ADD	RESS)	C C	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our record	ls, enter the name of the r	new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	vet address	<del></del>
		Florida	
	Cuy	Zip Coa	'e'

## 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	<u>Name</u>	Address	Type of Action
<u>amb</u> R	Matthew Morton	98 Evans Dr. Palm (cast	Fl. 32164 _XAdd
AMBR	Matthew Norton	98 Evans Dr. Palm (cast F	1 32164 KRemove
			□Change
			□Add
			□Remove
			□ Change
<del></del>		· · · · · · · · · · · · · · · · · · ·	□Add
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			C) City

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ote: 1	e date, if other than the date of filing:
record Lis file	specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day after the d.
ated _	JUD 27 . 2024.
	+ 071
	Signature of a member or authorized representative of a member  John W. Holan