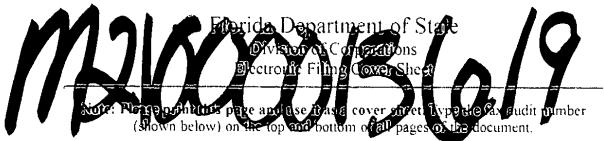
Division of Corporations



(((H230003979243)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)280-3338

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLCAMND/RESTATE/CORRECT OR M/MG RESIGN TWAS PROPERTIES LLC

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T. LEMIEUX

To:

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears State: TWAS Properties LLC	on the record	ls of the Flori	da Department o	ť
Enter new principal office address, if applicable:				
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·		<u> </u>
2. The Florida document number of this limited liab	oility company	y is:	0013619	
3. Jurisdiction of its organization: Delaware				
4. Date authorized to do business in Florida: Octob	per 15, 2021			
SECTION II (5-9 complete only the applicable cl				ري
5. New name of the limited liability company: SH. (must	U Developmen contain "Lim	it LLC ited Liability	Company, " "L.	L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted to copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C.	aging membe	rs adopting th		
6. If amending the registered agent and/or registered registered agent and/or the new registered office add		ess on our rec	ords, <u>enter the n</u>	aine of the new
Name of New Registered Agent:				
New Registered Office Address:		Enter Flo	rida Street Addr	ess
		City	, Fiorius	Zip Code
New Registered Agent's Signature, if changing Reg	ristered Agent	<u>li</u>	n sain I Comb on	

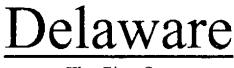
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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.

To:

DocuSign Envelope ID: F3CEC3A4-C708-4CAF-BA31-AB48323C3CA4

Type of Action ☐Add ☐Remov
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☐ Removing the goustody of records in the resentative

Filing Fee: \$25.00



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "TWAS PROPERTIES LLC",

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SHJ

DEVELOPMENT LLC" ON THE SECOND DAY OF OCTOBER, A.D. 2023, AT

10:46 O'CLOCK A.M.



Authentication: 204581182

Date: 11-13-23

6197611 8320 SR# 20233963351