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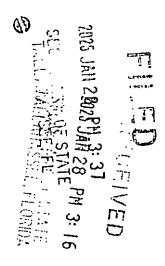
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COVER LETTER

	gistration Sect vision of Corpo		·					
CUDIE CT		EA REALTY LLC						
SUBJECT:		Name of Limited Liability Company						
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing					
		dence concerning this matter	_					
	•	Č						
		DELISA A. BOLING						
			Name of P	erson	•			
		LAND TO SEA REALTY	LLC					
	Firm/Company				.			
	10935 SE 177TH PLACE, SUITE 404-F2							
	Address							
		SUMMERFIELD, FL 34491						
			City/State and	Zip Code				
		delisabolingrealtor@gmail.		,		 		
			to be used for futt	ire annuai rej	юп поинсацоп)			
For further i	information coi	ncerning this matter, please ca	ali:					
DELISA A	. BOLING		772 at (
	Name of I	Person	Area (Code	Daytime Telepho	one Number		
Enclosed is	a check for the	following amount:						
□ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fi Certified (additional			S60.00 Filing Certificate of Certified Cop (additional copy	Status & by is enclosed)	
Re Di P.0	niling Address: egistration Se vision of Co O. Box 6327 Illahassee, FI	ection rporations		Division The Cent 2415 N. M	ress: on Section of Corporatio re of Tallahas Monroe Street ce, FL 32303	ssee ເຖິງ t. Suite 810	2025 JAH 28 PH 3: 37 St. 1 1 1 2 9 5 STATE	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAND TO SEA REALTY LLC				
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)			
The Articles of Organization for this Limited Liability Complete Florida document number 1.25000012770	pany were filed on JANUARY 7, 2025	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			
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 ADDRES.	<u>(S)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of	ffice address on our records, enter the na	me of the new register		
agent and/or the new registered office address here:				
Name of New Registered Agent:		10.6 ± 1		
New Registered Office Address:				
	Enter Florida street address			
	, Florida	Zin Code		
New Registered Agent's Signature, if changing Registered Ag	•	esper row		
hereby accept the appointment as registered agent and	l agree to act in this capacity. I further เจ ็	ree to comply with th		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DELISA A. BOLING	10935 SE 177TH PLACE, SUMMERFIELD, FL 34491	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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			28 □ Change 15 STEEL AND STEEL AN
			□Remove
			□Change

	nending any other information, enter change(s) here: (Attach additional		

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Effec	ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more the	(optional)	oo 408 0202 (2)
Note:	If the date inserted in this block does not meet the applicable statutory filing recoment's effective date on the Department of State's records.	quirements, this date will not b	e listed as the
he reco ord is f	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the filed.		
Dated	January 28 2025		10.128
	Signature of a member or authorized representative of a	O CO	P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Signature of a memoer of authorized representative of a	inciniter — — — — — — — — — — — — — — — — — — —	ω
	DELISA A. BOLING	гri	1