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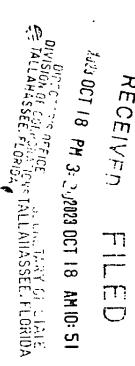
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COVER LETTER

TO: Registration . Division of C			
Whacame	ole at 50 South, LLC		
308JEC1	Name of Lin	nited Liability Company	
The encloser Articles of	of Amendment and fec(s) are sub	amitted for filing	
	condence concerning this matter		
	v		
	Kristy Horan		
		Name of Person	
	Godbold, Downing, Bill &	Rentz, P.A.	
		Firm/Company	
	222 W. Comstock Avenue	, Suite 101	
		Address	
	Winter Park, FL 32789		
		City/State and Zip Code	· · ·
	khoran@gdb-law.com		
	E-mail address: (i	to be used for future annual r	eport notification)
For further information	concerning this matter, please or	all:	
Kristy Horan		407 647	- 4418
Name o	of Person	at ()	Daytime Telephone Number
Enclosed is a check for t	he fallowing amount:		
		7 054 00 PW P	7
□ \$25.00 Filing Pee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
Mailing Addre		Street Ado	
Registration : Division of C			ion Section of Corporations
Division of C	or poracions		of Corporations

P.O. Box 6327 Tallahassec, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2023 OCT 18 AM 10: 51

Whacamole at 50 South, LLC

....

TALLAHASSEE, FLORIDA

(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 11, 2023 and assigned Florida document number 1,23000378909
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
50 South Manager 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 now multipared described to
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:
New Registered Office Address: Enter Florida street address
New Registered Office Address: Enter Florida street address Florida City Zip Code
New Registered Office Address: Enter Florida street address

It 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 <u>T</u>itle Name Address Type of Action ____ □Add ———————————— □Remove _____ □Change bba _____ ______ □Remove _____ 🗆 Add _____ ①Change ______□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
77.028	
Section 1	l ;
SEE 18	77
EEU: FEU: 51	
Jan 5	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ecord is filed	
Dated October 18 2023 Russ green	
Resa green Signature of a member or authorized representative of a member	
Signature of a member of authorized representative of a member Russell A. Greer, Manager	
Typed or printed name of signee	