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(((H20000369872 3)))



H200003698723ABC4

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
Account Number : I20020000140
Phone : (561)844-3600
Fax Number : (561)842-4104

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

Email Address: LR@CohenNorris.com

RECEIVED

2020 OCT 23 PM 4: 51

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
2316 TAMARIND DRIVE, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

2020 OCT 23 PM 4: 51

Electronic Filing Menu Corporate Filing Menu Help

NOTIFICATIONS

OCT 26 2020

H.200005678725

TO: Registration Section
Division of Corporations

SUBJECT: 2316 TAMARIND DRIVE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER R. RAY, ESQ.
Name of Person
COHEN NORRIS WOLMER RAY TELEPMAN BERKOWITZ COHEN
Firm/Company
712 U.S. Highway One, Suite 400
Address
North Palm Beach, FL 33408
City/State and Zip Code
LR@COHENNORRIS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karin Drakas
Name of Person
561 844-3600
at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 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

HL0000001010

TO
ARTICLES OF ORGANIZATION
OF

2316 TAMARIND DRIVE, LLC

4430 10.16.17

(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 05/16/2017 and assigned Florida document number L17000108468.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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 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

_____, Florida _____

City

Zip Code

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

10-23-20 03:28pm From-
or removed from our records:

T-734 P.04/05 F-433

H200003698723

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|------------------------------|---|
| MGR | OLIVIA HOLMES | 300 S. 6TH STREET, SUITE 101 | <input checked="" type="checkbox"/> Add |
| | | FORT PIERCE, FL 34950 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | ANNEMARIE HOLMES | 300 S. 6TH STREET | <input checked="" type="checkbox"/> Add |
| | | FORT PIERCE, FL 34950 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | ROGAN HOLES | 300 S 6TH STREET | <input checked="" type="checkbox"/> Add |
| | | FORT PIERCE, FL 34950 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | IMELDA WELLINGTON | 300 S 6TH STREET | <input checked="" type="checkbox"/> Add |
| | | FORT PIERCE, FL 34950 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

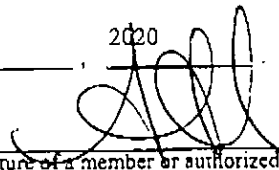
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
 (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.

If 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 record is filed.

Dated October 21, 2020



 Signature of a member or authorized representative of a member

Anne Marie Holmes
 Typed or printed name of signee