## 117000226197

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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JAN OA PRIS J. HARRIS

## **COVER LETTER**

| TO: Registration S<br>Division of Co | rporations ·                                  |  |  |
|--------------------------------------|---|--|--|
| SUBJECT: 20                          | 46 ALTA MS                                    | EADO WS LANE !   | -40  |
|                                      | Name of Lim                                   | sited Liability Company  |  |
| The enclosed Articles of             | Amendment and fee(s) are sub                  | omitted for filing.  |  |
| Please return all correspondent      | ondence concerning this matter                | to the following:  |  |
|                                      | Mercdith                                      | Parker Weber   |  |
|                                      |   | Name of Person   |  |
|                                      |   |  |  |
|                                      |   | Firm/Company   |  |
|                                      | NB Deep                                       | Water Circle   |  |
|                                      |   | Address  |  |
|                                      | Manalapan                                     | City/State and Zip Code  908 @ a o 1. com  to be used for future annual report not | 726  |
|                                      |   | City/State and Zip Code  |  |
|                                      | topaz   | 100 @ a o 1. com   | lication)  |
| For further information of           | concerning this matter, please co             |  | neuton)  |
|                                      | CD  | at (   | "Palankara Nissahar  |
| Name (                               | of Person                                     | Area Code Dayon  | ie refeptione Number   |
| Enclosed is a check for t            | he following amount:                          |  |  |
| □ \$25.00 Filing Fee                 | \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                | ☐ \$60.00 Fiting 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallabassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 2046 ALTA M   | EADOWS LANE Company as It now appears on our rec Limited Liability Company) | LLC  |
|---|---|--|
| (Name of the Limited Liability<br>(A Florida  | Company as It now appears on our reclimited Liability Company)              | cords.)  |
| The Articles of Organization for this Limited Liability Co<br>Florida document number <u>L17000 226 193</u> | empany were filed on11/16   |  |
| This amendment is submitted to amend the following:   |   |  |
| A. If amending name, enter the new name of the limit  | ed liability company here:  |  |
|   |   |  |
| The new name must be distinguishable and contain the words "Limit   | ed Liability Company," the designation "l                                   | LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:   | <u></u>   | N7   |
| (Principal office address MUST BE A STREET ADDRI  | <u> </u>  | (元) , ( <u>元) , (元) </u> |
|   |   |  |
|   |   | ယ်   |
| Enter new mailing address, if applicable:   |   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | ·  |
|   |   | .57<br>  |
| B. If amending the registered agent and/or registered agent and/or the new registered office addresses      |   | ords, enter the name of the new  |
| Name of New Registered Agent:   |   |  |
| New Registered Office Address:  | Enter Floridu street ad   | dress  |
|   |   | 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

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 | Name           | Address                                  | Type of Action  |
|-------|----------------|--|-----------------|
| AMBR  | Cameron We bea | 118 Deep Water Circle                    | <b>ī</b> 54.∧dd |
|       |                | 118 Deep Water Circle Manalapan NJ 07726 | Remove          |
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| ctive date, if other than the date   | te of filing: (optio   | onal)                                  |
| and the state of the state of the second by  | specific and cannot be prior to date of filing or more than 90 days after does not meet the applicable statutory filing requirements, this | filing.) Pursuant to 605.0             |
| effective date is fisted, the date must be s<br>e: If the date inserted in this block (  |  | aute mili not de lister                |
| e; If the date inserted in this block o  | tment of State's records.  | duc will not be lister                 |
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Filing Vee: \$25.00