## L23000489851

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CUVER LETTER

TO: Registration Sec Division of Corp		•	,		
	it Lake Nona, LLC				
SUBJECT:	Name of Limi	ited Liability Company	<del></del>		
	Amendment and fee(s) are sub-				
	Kenneth G. Dixon				
		Name of Person			
	<del> </del>	Firm/Company			
	1627 E. Vine Street, Suite	Е	_	2023 SE(	
		Address		NO.	CE CE
	Kissimmee, FL 34744	City/State and Zip Code		2023 NOV -1 PH 4: 39 SEGIL MANY OF STATE TALL MANY OF STATE	Carp Gan
	kendixon@lelandenterprise E-mail address: (	sinc.com to be used for future annual report notifies	ation)	A 4:3	i
For further information c	oncerning this matter, please c	all:		' = 9	
Michelle L. Rivera, Esq.		407 847-5151 at ()			
Name o	f Person	Area Code Daytime T	'elephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Secti	ion		
Division of C		Division of Corpo	orations		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

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## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunbridge at Lake Nona, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	<u>v.)</u>
The Articles of Organization for this Limited Liability Company were filed on 10/26/2023  Florida document number L23000489851		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	<u> </u>	
		SSEE F
Enter new mailing address, if applicable:		<u>一                                    </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	ed 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 addres.	<u>s</u>
	Fla	orida
	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.

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11 amending Authorized rerson(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
MGRM	Florida Affordable Housing of Orla	1627 E. Vine Street, Suite E	<b>=</b> Add
		Kissimmee, Fl. 34744	Remove
			□Change
AMBR	Kenneth G. Dixon	1627 E. Vine Street, Suite E	
		Kissimmee, FL 34744	SECILL NOV
			Thange France
MGR	Emily Badger	1627 E. Vine Street, Suite E	
		Kissimmee, FL 34744	PAdd C
			□Change
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