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(((H24000107517 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190

: (844)449-3624 Phone

Fax Number : (512)597-0678

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

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN F 1603 TURTLE ROCK LLC

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T. LEMIEUX

MAR 2 2 2024 Help

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H240001075173

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1603 Turtle Rock LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number 1.24000103411	ny were filed on <u>02/28/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LI.C" or the	ne 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)		2024 HAR 21 SECNETARY
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>en</u> ere:	ter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	1
	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

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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	Felipe L Olivera as Trustee of the Felipe L Olivera Trust dated August 27, 2014	2507 Jonila Avenue Lakeland, FL 33803-3246	■ Add
			□ Remove
			Change
AMBR	Felipe I. Olivera		
		2507 JONILA AVENUE LAKELAND, FL 33803	■ Remove
			Change
MGR	Magdaline Olivera	2507 Jonila Ave Lakeland, FL 33803	
			Remove
			Change
			□ Remove
			Change
			□ Add
			Remove
			☐ Change
			Remove
			Change

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Effective	date, if other than the dive date is listed, the date must	late of filing:	·	(optional)	
f an effect Note: If	ive date is listed, the date must the date inserted in this blo	be specific and cannot be p ck does not meet the ap	rior to date of filing or n olicable statutory filin	ore than 90 days after filing.) g requirements, this date w	Pursuant to 605.0207 All not be listed as
	t's effective date on the De				
	rd specifies a delayed Oth day after the reco		not an effective t	ime, at 12:01 a.m. o	n the earlier of
Dated	arch 7	. 2024	·		
	/s/ Magdaline Olivera				
		Signature of a member or a	uthorized representative	of a member	

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Typed or printed name of signee

Filing Fee: \$25.00