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COVER LETTER

Registration Section Division of Corporations

TO:

CLUB III CUP	GEWATER #4107, LLC		
30D3IXCT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DANIEL B. WATERS		
		Name of Person	
	ROETZEL & ANDRESS,	LPA	
		Firm/Company	
	41 S. HIGH STREET; 21S	STFL	
		Address	
	COLUMBUS, OH 43215		
		City/State and Zip Code	
	DWATERS@RALAW.CO		
	E-mail address: (to be used for future annual report notif	lication)
For further information c	oncerning this matter, please ca	all:	
DANIEL WATERS		614 723-2012	
Name o	f Person	at () Area Code — Daytime	e Telephone Number
Enclosed is a check for th	e 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 5 Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

145 NE EDGEWATER #4107, LLC (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 $\frac{02/13/2019}{1}$ Florida document number _____119000043635 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EDGEWATER 4107, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) i. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sneet addr	E55
	, F	Horida

ew Registered Agent's Signature, if changing Registered Agent:

vereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany 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	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Add
			□Remove
			□Change
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			Change

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ffective date is listed, the date must be If the date inserted in this block	does not meet the applicable		
ment's effective date on the Depa	tment of State's records.		
ecord specifies a delayed ef	fective date, but not as	n effective time, at 12:0	La m. on the earlier o
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NOVEMBER 25	2019		
Danil J. a.	1		
Sig	nature of a member or authorized	d representative of a member	
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Filing Fee: \$25.00