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To:

Division of Corporations

Fax Number

: (850)617-6393

From:

: STEARNS WEAVER MILLER WEISSLER ALHADEFF Account Name

Account Number : 120060000135

: (305)789-3200

Phone

: (305)789-4137

Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMBER GARDEN, LLC

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\$55.00

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Corporate Filing Menu

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OCT 22 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
he Articles of Organization for this Limited Liability Company lorida document number L05000002573	y were filed on 1/2005	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L	LC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	161 NW 8TH STREE MIAMI, FL 33138	T, STF #1020
	 -	
		2020 S.E.C.
Mailing address MAY BE A POST OFFICE BOX)		2020 0CT 21 SECVE 1157 TALL VIVESSE
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office	e address on our records, <u>en</u>	ter the name of the new real
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office	e address on our records, <u>en</u>	ter the name of the new real
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>en</u> Enter Florida street ad	ter the name of the new read
	Enter Florida street ad	ter the name of the new read

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 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>	<u>Address</u>	Type of Action
MGR	G.C. LEASING, INC	301 S. COLLEGE STREET	□ Add
		CHARLOTTE, NC 28288	≣Remove
			Change
MGR	APC Amber Gardens LLC	161 NW 6th Street Ste 1020	Add
		Miami Fl 33136	□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
		□Change	
			□Add
			□Remove
			□Change
			Remove
	,		Change

amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 -	
<u>-</u>	
f an effective Note: If the	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 605.020 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records.
record spec d is filed.	cifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2020 Kat 1
_	Signature of a member or authorized representative of a member
	Signature of a member of animorized representative of a member

Filing Fee: \$25.00