

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001721363)))



H220001721363ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASMA & ASMA, P.A. Account Number : I20060000067 Phone : (407)656-5750

Fax Number : (407)656-0486

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 DT VILLAGES ELEVEN LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 1 6 2022

K. Brumbley

(((H22000172136 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Umked Club) tv C	ompany as it now annears on our records.	
(A Florida Lin	ompany as it now appears on our records, nited Liability Company)	,
The Articles of Organization for this Limited Liability Com	and assigned	
Florida document number L06000001732		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Linbility Company," the designation "LLC"	
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		····································
Enter new mailing address, if applicable:	P.O. Box 1236	
Mailing address MAY BE A POST OFFICE BOX)	Hernando, FL 34441	<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enser Florida street address	
	, Flor	lda
	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

(((H22000172136 3)))
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
М	INGRID G. MARIA VOSSEBELD	P.O. BOX 1236	
		HERNANDO, FLORIDA 34442	■ Remove
			Change
			□Rémove
			Change
			□Remove
			□ Change
			□Remove
			□ Change
			DAdd
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change

(((H22000172136 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing:

(If or effective date is listed, the date must be specific and cannot be prior to date of filing or must than 90 days after filing.) Personne to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's affective date on the Department of State's records.

If the record specifies a delayed officialty date, but put an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filled.

Deted 5/12/2022

Signature of a member or authorized teptomotetive of a manufur

ANTONIUS VAN USEN

Typed or printed terms of signes

Filling Fee: \$25.00