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R. \VH:TE. MAR 0 4 2020 620 r. 110 PHI2: 32

COVER LETTER

SUBJECT:		OOD VILLAGE, LLC		
obsider		Name of Lin	nited Liability Company	
The enclosed A	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return a	ill correspo	ondence concerning this matter	to the following:	
		ROBERT J. TAMBU	RRO	
		ROBERT J. TAMBU	Name of Person RRO, PA	
			Firm/Company	
		401 SUNSHINE BLA	/D	
			Address	
		LADY LAKE, FL 32	159	
			City/State and Zip Code	
		Rtamburro1@c		
			to be used for future annual report noti	ification)
or further into	ormation co	oncerning this matter, please ca	all:	
ROBERT J. T.	AMBURR		ot / 201	
	Name of	f Person	at (<u>321</u>) <u>332-3477</u> Area Code Daytim	ne Telephone Number
Enclosed is a c	heck for th	ne following amount:		
ጃ \$25.00 Fil	ing 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 Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020F- 10 PH12: 32

(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 MARCH 22, 2007 and assigned Florida document number_L07000031072______. 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 Liability Company." the designation "LLC" or the abbreviation "LL.C." Enter new principal offices address, if applicable:

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	. Florida	

City

Zip Code

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

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PINEWOOD VILLAGE, LLC

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

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
MGR	ROBERT J. TAMBURRO, P.A.	_401 SUNSHINE BLVD, LADY LAKE, FL 32159_	XX Add
			□ Remove
			Change
MGRM 	ROBERT J. TAMBURRO	_401 SUNSHINE BLVD, LADY LAKE, FL 32159_	□ Add
			XX□ Remove
			Change
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Effectiv	e date, if other than the date of filing:(optional) tive 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 605.0207
Note: 1	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docume	nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
The 90	Oth day after the record is filed.
Dated_	<u>February 6, 2020</u>
	\sim
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00