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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

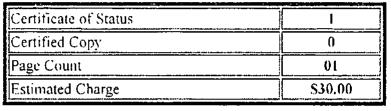
Account Name : HINSHAW & CULBERTSON LLP

Account Number : I20110000017 : (305)358-7747 Fax Number : (305)577-1063

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

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EDGEWATER GROVE LLC





Electronic Filing Menu Corporate Filing Menu

T. LEMIEUX Help MAY 0 1 2024

 ${\mathfrak S}$ 

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

From: Kat

TO:

## **COVER LETTER**

| TO: Registration<br>Division of C      |  |  |   |
|--|--|--|---|
| *                                      | <i>;</i>                                     |  |   |
| SUBJECT:                               | EDGEWATER GROVE LLO                          | C  |   |
|  | Nume of Lim                                  | ited Liability Company   |   |
| The enclosed Articles                  | of Amendment and fee(s) are sub              | emitted for filing.  |   |
| Please return all corre                | spondence concerning this matter             | to the following:  |   |
|  | Катта (                                      | DLIVOS   |   |
|  |  | Name of Person   | · · · · · · · · · · · · · · · · · · ·   |
|  | HINSHA                                       | W & CULBERTSON LLP   |   |
|  |  | Firm/Company   | <del></del>   |
|  | 2811 PO                                      | NCE DE LEON BOULEVARD, 10  | OTH FLOOR   |
|  |  | Address  |   |
|  | CORAL  | GABLES, FL 33134   |   |
|  |  | City/State and Zip Code  |   |
|  |  | S@HINHSHAWLAW.COM<br>to be used for future annual report noti    | fication)   |
| For further informatio                 | n concerning this matter, please c           | ·  |   |
| KATIA                                  | OLIVOS                                       | at ( <u>305</u> ) 428-5038                                       |   |
| Nam                                    | e of Person                                  | Area Code Daytim   | e Telephone Number  |
| Enclosed is a check fo                 | r the following amount:                      |  |   |
| □ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul> |
| MailingAdd                             |  | StreetAddress:   | uto .   |
| Registration Section                   |  | Registration Section Division of Corporations                    |   |
| Division of Corporations P.O. Box 6327 |  | The Centre of Tallahassee  |   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EDGEWATER GROVE LLC  |  |                       |
|--|--|-----------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited I   | ny as it now annears on our records.) Liability Company) |                       |
| The Articles of Organization for this Limited Liability Company  | were filed on JUNE 11, 2007                              | and assigned          |
| Florida document number <u>L07000061363</u> .  |  |                       |
| This amendment is submitted to amend the following:  |  |                       |
| A. If amending name, enter the new name of the limited liab  | ility company here:                                      |                       |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC" or the              | 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)                                   |  | 202.5.7               |
| B. If amending the registered agent and/or registered office a<br>agent and/or the new registered office address here: | address on our records, enter the na                     | me of the isw registe |
| Name of New Registered Agent:  |  | 다.<br>                |
| New Registered Office Address:   |  | <del></del>           |
|  | Enter Florida street address                             |                       |
|  | Florida _  | 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

Page; 8 of 9

To:

2024-04-29 16:23:27 EDT

10050108407

From: Katie

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> | Name                                  | Address  | Type of Action  |
|--------------|---------------------------------------|----------|-----------------|
| PRESIDENT    | DAVID S. ADLER                        |          | □Add            |
|              |                                       |          | XIRemove        |
|              |                                       |          | ☐ Change        |
| VP. SEC. T   | TINA M. SPANO                         | <u> </u> | □Add            |
|              |                                       |          | <b>∑</b> Remove |
|              |                                       |          | Change          |
| MGR          | DAVID S. ADLER                        |          | <b>1</b> Add    |
|              |                                       |          | □Кеточе         |
|              |                                       |          | □Change         |
| MGR          | TINA M. SPANO                         |          | <b> </b>        |
|              |                                       |          | □Remove         |
|              |                                       |          | Change          |
|              | · · · · · · · · · · · · · · · · · · · |          | □Add            |
|              |                                       |          | □Remove         |
|              |                                       |          | Change          |
|              |                                       |          | □ Add           |
|              |                                       |          | ☐ Remove        |
|              |                                       |          | Change          |

To:

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|   | ust be specific and cannot be prior to data<br>block does not meet the applicable | (optional te of filing or more than 90 days after filing statutory filing requirements, this date | g.) Pursuant to 605.0207 (                       |
| e record specifies a delayed effect<br>d is filed | ive date, but not an effective time, a  | ar 12:(11 a.m. on the earlier of: (b) T   | he 90th day after the                            |
| Dated April 29                                    | . 2024  |   |  |
|   | Cliot C. Abo  | bott  |  |
|   | Signature of a member or authorized   | representative of a member  |  |
|   |   |   |  |

Filing Fee: \$25.00