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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A.

Fax Number

Account Number: 075350000065

: (954)525~7500 : (954)761-B475

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 LAKE CHARLOTTE RANCH, LLC

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HI6 0000 84935

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HAKLOTTE RANCH, L	-		
(Name of the Limited Liabili (A Florida	ty Company as it now app Limited Liability Compan	ears on our records.)		
The Articles of Organization for this Limited Liability C			and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company	here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," th	e designation "LLC" or the	he abbreviation "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)			
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			7016	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		on our records, <u>en</u>	इंटिं	of the nev
Name of New Registered Agent:				
New Registered Office Address:	Enter f	lorida street address	<u> </u>	
		. Florida	1	
·	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

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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	Name	<u>Address</u>	Type of Action
MGR	JONATHAN K. HAGE	800 Corporate Drive, Suite 124	□ Add
		Fort Lauderdale, FL 33334	⊒ Remove
			☐ Change
AMBR	RR CHARTER TRUST	800 Corporate Drive, Suite 124	
		Fort Lauderdale, FL 33334	□ Remove
			☐ Change
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Effective date, if other than	the date of filing	:		(ор	tional)	
If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the	nis block does not m	eet the applicat	date of filing or mole statutory filin	ore than 90 days aff g requirements, th	er filing.) Pursuant to (his date will not be !	605.0207 (3)(b) isted as the
he record specifies a del The 90th day after the	ayed effective da record is filed.	ate, but not	an effective t	ime, at 12:01	a.m. on the ear	riier of:
APRIL 1	_	2016			•	
	1/1/2/	111	 			
	Signature of a m	nember or authori	zed representative	of a member	·	
	Fħ₩ΔΙ	RD J. POZZUO	LI TRUSTEF			
		Typed or printed	•			

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