To: 8506176383 · · · From: ROGERSTOWERS 9-22-21 4:34pm p. 2 of 6

9/22/21, 4:27 PM

Division of Corporations

partners of State

of Corporations

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(((H210003561213)))



H210003561213ABCV

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273 Phone : (904)398-3911 Fax Number : (904)396-0663

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

Email Address: jcassell@rtlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 13198 VILLAGE LAKE CIRCLE LLC

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## **COVER LETTER**

TO:	Registration Se Division of Cor		i .	H21000356121 3
		AGE LAKE CIRCLE LLC	:	
T <sup>1</sup>	ECT:	Name of Lim	ited Liability Company	<del></del>
The en	nclosed Articles of	Amendment and fec(s) are sub	mitted for filing	
		ndence concerning this matter	-	
		Christine Adams		
			Name of Person	
		Rogers Towers, P.A.		
	Firm/Company		Firm/Company	
		1300 Riverplace Blvd, Sui	te 1500	
	Address			
		Jacksonville, FI 32207		
		City/State and Zip Code		and the second s
		cadams@rtlaw.com		
For fu	rther information of	n-mail address: ( oncerning this matter, please c	to be used for future annual report notifi	cation)
	tine Adams	oncoming the matter, presse	904 346-5546	
		£ D	at ( )	Telephone Number
	Naine o	f Person	Asea Code Dayume	s etepholic (validot)
Enclos	sed is a check for th	ne following amount:		
<b>≡ \$2</b>	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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>
	Mailing Addres		Street Address:	
	Registration S Division of C		Registration Sec Division of Corp	
	P.O. Box 632		The Centre of Ta	
	Tailahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H210003561213

13198 VILLAGE LAKE CIRCLE LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on 11/01/2011	and assigned
Florida document number L11000124183		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
13918 Village Lake Circle, L.L.C.		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	lress on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
		22
New Registered Office Address:	Enter Florida street address	
	Lind I for the street day ess	
	, Floric	ia:
	City	CA CORE

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

To: 8506176383 • .

From: ROGERSTOWERS

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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:

H210003561213

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□ Remove
			□ Change
			□ Add
			□Remove
			[] Change
			□ Add
			Remove
			□ Change
			□Add
			□Remove
			☐ Change
			DAdd
		de observations	□ Remove
		<del></del>	□ Change
		<del> </del>	DAdd
		·	Remove
			T Change

H21000356121 3

D. 77 W.	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
F Fffec	tive date, if other than the date of filing: (optional)
(If an el <u>Note:</u>	ffective date, if other than the date of filing:  [fective 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 (3)(b). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the reco record is f	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	1 9/21/2021
	Vin Al Hom
	Signature of a inember or authorized representative of a member
	V: Allocesas
	Typed or printed name of signee