## Florida Department of State Edivisible of Corporations Edicatronic Miling Cover Sheat

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To:	Division of Corporations Fax Number : (850)617-6383	
From:		
	Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP	
	Account Number : I19980000090 Phone : (407)839-4200	,
	Fax Number : (407)839-4264	
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	ail Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GATOR GROVES MANAGEMENT, LLC

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

Help

## ARTICLES OF AMENDMEN'T TO ARTICLES OF ORGANIZATION OF

(H23000128684 3)

GATOR GROVES MANAGEMEN	•				
(Name of the Limit	ed Liability Compa (A Florida Limited l	ny as it now appears on our r Liability Company)	ecords.)		
The Articles of Organization for this Limited L	iability Company	were filed on 02/03/2012	and assigned		
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company here:			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applic	able:	c/o Nelson Mullins			
(Principal office address MUST BE A STREE		390 North Orange Avenue, Suite 1400			
<u>, , , , , , , , , , , , , , , , , , , </u>		Orlando, Fiorida 32801			
Enter new mailing address, if applicable:		c/o Nelson Mullins	2023:		
(Mailing address MAY BE A POST OFFICE	BOX)	390 North Orange Avenu	e, Suite 1400		
		Oriando, Florida 32801			
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, g	enter the name of the new registere		
Name of New Registered Agent:	Regina Rabitai	ille, Esquire			
New Registered Office Address:	390 North Ora	nge Avenue, Suite 1400			
nogatored Office radious.		Enter Florida street	address		
	Orlando		, Florida <sup>32801</sup>		
		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.

Rigura Ralifallo
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:

(H23000128684 3)

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Henry C. Yates	3825 Canoe Creek Road	🗀 Add
		St. Cloud, Florida 34772	≣Remove
			☐ Change
MGR	Laura Jo O. Thacker	390 North Orange Avenue, Suite 1400	<b>፷</b> Add
		Orlando, Florida 32801	[]Remove
			☐ Change
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ecord s is filed	pecifies a delayed effecti	ve date, but not an	effective time	e, at 12:01 a.m.	on the earlier of	; (u) The 90	is day after the
ted	April 4	2	2023				
	80.0	mac	Ol 1				
	-{-}-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\	Signature of a men	ber or authoriz	ed representative	of a member		<del></del>