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## **COVER LETTER**

Division of Cor	porations			
SUBJECT:	Nature Coast	- Apartments L	LC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Joseph	Santoro Name of Person	<del></del>	
	Nature (	Coast Apartment	3 LLC	
	6252 Comm	nercial Way #2	27	
	Weeki Wa	City/State and Zip Code	613	
	Jantovo E-mail address: (1	O LOGIO. CON to be used for future amusil report notific	20723 AP 2 Cation) 3	72
For further information ed	oncerning this matter, please ea	all:	<u>ज</u>	•
Joseph San Name of	ntorufPerson	at (347) 672- Area Code Daytime	719 2 Tolephone Number ITI 60	z.c
Enclosed is a check for th				
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	X \$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	<u>s:</u>	Street Address:		

Registration Section
Division of Corporations

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nature (oa	st Apartmer	its LL (	·		_	
( <u>Name of the Limited</u> (A	Liability Company as it no A Florida Limited Liability Co	w appears on our inpany)	records.)			
The Articles of Organization for this Limited Lial Florida document number	• •	d on 82	0/2012	• and a	assigned	į
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liability comp	pany here:				
The new name must be distinguishable and contain the wor		iy. The designation	"LLC or the abr	reviation	TalaC.	
Enter new principal offices address, if applical	ole:	<del> </del>		,	250	
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>				[5,1	
			- · · · -	<u>;-·</u>	- <u>- 35</u>	
				•	<del></del>	- 44
Enter new mailing address, if applicable:						<del></del> -:
(Mailing address MAY BE A POST OFFICE Bo	<u> </u>				===	<i>ز</i>
				<u> </u>	- <del></del>	
				1-1	ω	
B. If amending the registered agent and/or regagent and/or the new registered office address		n our records, g	enter the name	of the n	iew reg	<u>istered</u>
agent and/or the new registered office address	nere.					
Name of New Registered Agent:						
New Registered Office Address:		···				
	I	inter Florida street	address			
			Florida		<del> </del>	
	Сйу			Zip Coc	k	

## 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

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>	<u>Name</u>	Address	Type of Action
MGR	Nicole Santoro	1425 114 ST NW APT 17	B XAdd
		Washington DC 20001	□Remove
			□Change
MGR	Jeanne Santoro	9175 Hississippi Run	( <b>X</b> Add
		9175 Mississippi Run Weeki Walshee FL 3461	3_ □Remove
			□Change
			📆 ઢેંજીવવ
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		11	Genange
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		<del></del>	□Remove
			□Ch

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated April 2023 Signifure of a member or aluthorized representative of a member

Filing Fee: \$25.00