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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/27/21

NAME: SCHIPPERS-TAIVAH MEMBER, LLC

TYPE OF FILING: AMENDMENT

COST:

60.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

| Div | ision of Cor | porations | | |
|---------------|----------------|--|---|--|
| | SCHIPPER | S-TAIVAH MEMBER, LLC | | |
| SUBJECT: | | Name of Limi | ted Liability Company | |
| The enclosed | d Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | Kenneth R. Uncapher | | |
| | | | Name of Person | |
| | | Uncapher Law, P.A. | | |
| | | <u></u> | Firm/Company | |
| | | 2869 Delaney Avenue | | |
| | | | Address | |
| | | Orlando, FL 32806 | | |
| | | | City/State and Zip Code | |
| | | kuncapher@uncapherlaw.co | om to be used for future annual report n | ori (Vention) |
| | | | | offication) |
| For further n | nformation c | oncerning this matter, please ca | | |
| Kenneth R. | Uncapher | | 407 717-7506 at () | |
| | Name o | f Person | Area Code Day | time Telephone Number |
| Enclosed is: | a check for th | ne following amount: | | |
| □ \$25.00 I | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | iling Addre | | Street Address | |
| | gistration (| Section Corporations | Registration . Division of C | |
| | O. Box 632 | • | | f Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SCHIPPERS-TAIVAH MEMBER, LLC | | | | |
|---|---|--|--|--|
| (Name of the Limited Liability (A Florida | y Company as it now appears on our records.) Limited Liability Company) | | | |
| The Articles of Organization for this Limited Liability Company were filed on January 31, 2013 and assigned Florida document number L13000016702 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | | | |
| The new name must be distinguishable and contain the words "Limit | ited Liability Company," the designation "LLC" or | the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | | 2021 シミ(| | |
| (Principal office address MUST BE A STREET ADDR | (ESS) | F. B | | |
| | | 12. N | | |
| | | | | |
| Enter new mailing address, if applicable: | | enda - seeg | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | | 7: 9 | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | l office address on our records, <u>enter the</u> | name of the new registered | | |
| Name of New Registered Agent: | | | | |
| New Posistered Office Address | | | | |
| New Registered Office Address: | Enter Florida street address | | | |
| | . Florida | | | |
| | Cin | Zip Code | | |
| New Registered Agent's Signature, if changing Registered | i Agent: | | | |
| I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change. | omplete performance of my duties, and l gent as provided for in Chapter 605, F.S | am familiar with and . Or, if this document is | | |

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 |

| Title | Name | Address | Type of Action |
|-------|--------------|-------------|--------------------|
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| ARTICLE IV - PURPOSE AND POWER | |
|---|------------------------------------|
| The Company may engage in any and all lawful business. | |
| The Company shall have all the powers granted to a limited liability company und | er the laws of the |
| State of Florida. | |
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| and date of ash and all and all and affiliation | (-malamal) |
| ve date, if other than the date of filing: | |
| If the date inserted in this block does not meet the applicable statutory filing requent's effective date on the Department of State's records. | irements, this date will not be it |
| | |
| d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the led. | earlier of: (b) The 90th day at |
| 70c 10 2021 | |
| 7/2 1. 110 2021 | |
| Signature of a member or authorized representative of a member of | |

Filing Fee: \$25.00