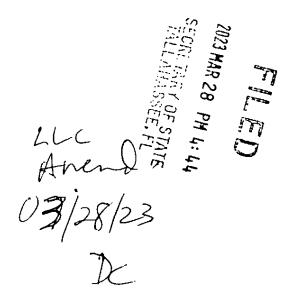


(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corpo	rations		
SUBJECT:	1137 Porte	Vedra LLC ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Do	n Taylor Name of Person	
	1137 Pon	te Vedra Li Firm/Company	· <u>·</u>
		Sawgrass Villa	v
	Prude Ved	ra Buh FL City/State and Zh Code	32082
-	E-mail address: (to	SKlor CDr D. Com be used for future annual report notif	ication)
For further information conc	cerning this matter, please cal	II:	
Devise Sto	ck (admin)	at (<u>GDG</u>) <u>719 - J</u> Area Code Daytime	- OYO Telephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	S30.00 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)
Mailing Address: Registration Sec Division of Cor P.O. Box 6327		Street Address: Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1137	Prite Vede	a LL		
	d Liability Company as it A Florida Limited Liability			
	,		03-117-201	3
The Articles of Organization for this Limited Lia	ibility Company were	filed on _		and assigned
Florida document number <u>U (3000 03 4 76</u>	7			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability c	ompany	<u>here</u> :	
The new name must be distinguishable and contain the wo	ords "Limited Liability Cor	npany," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	TADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>		- -	2023 HA
B. If amending the registered agent and/or re		ec on our	records enter the ne	SY 80
agent and/or the new registered office address	s here:			STA STA
Name of New Registered Agent:	<u>Lisa</u>	<u>S</u>	Taylor	<u> </u>
New Registered Office Address:	6000 A	Scu Enter F	SGTASS Vi locala street address	Mage Cir
	Ponte Ved	ra Bo	Taylov Dans Vi Dans Vi Donald street address Cacl. Florida	3 20 8 V 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

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 = M $AMBR = A$	anager uthorized Member	por .	
Title WW\	Name	Address	Type of Action
(See	unionville Inc	1115 Long Beach Rd	□Add
		- <u>-</u>	
AR	(□Change
Que_	Clonmell Renarationsla	6000C Sugass V. llage Civ	/X /Add
		Prute Vedra Bch, FC 32000	<u> </u>
			DChange
nembe	Lisa S Taylor	137 Bristol Hace	[ZXAdd
		Ponete Vedra Boh TC 32092	Remove
			□Change
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te: If the	te, if other than date is listed, the date date inserted in the effective date on the	nis block does no	ot meet the ap	plicable statuti	ling or more than ory filing requi	(option 190 days after fil rements, this d	al) ing.) Pursuant to 60 ate will not be lis	05.0207 sted as
ecord spec is filed.	ifies a delayed eff	ective date, but	not an effecti	ve time, at 12:6	OI a.m. on the	earlier of: (b)	The 90th day aft	er the
	4-22-		<u>дод</u>	<u>o-</u> .	1			
ted					1			
ted		Signature o	f a member or	authorized repre	sentative of a me	Myr N	<u>lember</u>	•

Filing Fee: \$25.00