## L13000110400

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	Name of Lin	tited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Patrick J. O'Connor			
	<u></u>	Name of Person		
	O'Connor Hernandez & As	ssocates, P.A.		
	<del></del>	Firm/Company		
	999 Brickell Ave., Ste. 740	0	20 UE	
		Address		
	Miami, FL 33131		TALLARASSEE, FL	
		City/State and Zip Code	<del></del> ക്ക	
_	poconnor@oconnorhernano	lez.com		
	E-mail address: (	to be used for future annual report noti	fication)	
For further information of	concerning this matter, please c	all:		
Patrick J. O'Connor		786 628-7541		
Name o	of Person	Area Code Daytim	e Telephone Number	
Zanlanad in a ubasala Gask	L- 6-U			
Enclosed is a check for t	<del>-</del>			
■ \$25.00 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	
Mailing Addre		Street Address:	-*io	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632		The Centre of T		
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

The Boutique Estates of Florida LLC		
(Name of the Limited Liability Co) (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on August 5, 2013	and assigned
Florida document number £13000110400		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The Landings Creation LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		2020
(Principal office address MUST BE A STREET ADDRESS		
Entermore mallimental description and descript		SSS 2
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		THE ROLL OF THE PARTY OF THE PA
	<del></del>	
B. If amending the registered agent and/or registered offi- agent and/or the new registered office address here:	ce address on our records, <u>enter the r</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent;	

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 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>.de</u> <u>Name</u> <u>Address</u> Type of Action \_ Change □Add PRemove 710 Change Add M SPEE F ယ္ Decemove \_\_\_\_\_ Change \_\_\_ □Add □Remove \_ □Add \_\_\_\_ Change

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ctive date, if other than the date effective date is listed, the date must be at lift the date inserted in this block iment's effective date on the Department.	e specific and cannot be prior to date cooks not meet the applicable s	e of filing or more than 90	(optional) days after filing.) Prents, this date wi	arsuant to 605.02 Il not be listed
ord specifies a delayed effective d filed.	ate, but not an effective time, a	t 12:01 a.m. on the earl	lier of: (b) The 9	0th day after th
December 11	2020			
	<del></del>		•	

Filing Fee: \$25.00