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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

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K. SALY

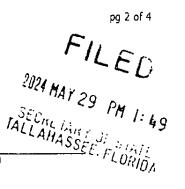
MAY 5 U 2024

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



LEHIGH COVE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	y were filed on 05/08/2014	and assigned
Florida document number L14000075427		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter t	the name of the new registered
agent and of the new registered office address neve.		
Name of New Registered Agent:		
New Registered Office Address:		
regioned Sinco ragions.	Enter Florida street address	
	, Flo	orida
	ŕ	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, an provided for in Chapter 605, I	d I am familiar with and F.S. 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

<u>Title</u>	Name	Address	Type of Action
Authorized Person	Holly Acosta	9858 Clintmoore Road, C11-158	🖩 Add
		Boca Raton, FL 33496	Remove
			□Change
	1988 - 4-97-1, 1		TALLAHAY 29 PH
			Thange 5
			□Add
			Remove
			□Change
			Remove
			□ Change
			□Add
			□ Remove
			Change
			Remove
			□Change

			
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ective date, if other than the	date of filing:	(optional)	
effective date is listed, the date mu	t be specific and cannot be prior to date of fi ock does not meet the applicable statute	iling or more than 90 days after filing.) Pursuant to 605.03 ory filing requirements, this date will not be listed	207 as
cord specifies a delayed effective filed.	e date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90th day after the	he
ed	, 2024		
	Signature of a member or authorized repre-	ds.	
	- ·		

Filing Fee: \$25.00