# L14000147252

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### **COVER LETTER**

TO:

	gistration Se vision of Cor				
eun iret.	BARTOLIN				
SUBJECT:		Name of Lim	ited Liability Company	<u> </u>	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		PAUL DAMIEN KRAME	R		
			Name of Person		
	<del></del>				
23 CORPORATE PLAZA DRIVE, SUITE 150					
			Address	F. 7. 3	
		NEWPORT BEACH, CAI	LIFORNIA 92660	OF STATE (SEE, FL	
			City/State and Zip Code	SSE	
		PKRAMER@PDK-LAW.C			
For further i	nformation c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notif all:	ication) FATE 6	
PAUL KRA			949 640-9110 at ( )		
	Name o	f Person		Page Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$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)	
	niling Addres		Street Address: Registration Sec	ction	
Registration Section Division of Corporations			Division of Cor		
P.O. Box 6327			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
! a	llahassee, I	*L 32314	2415 N. Monroe	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARTOLINI LANTANA CONDO, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on of Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number L14000147252	y were filed on <u>09/19/20</u>	and assigned
Γhis amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
SHEPARD TITUSVILLE LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)
Mailing address MAY BE A POST OFFICE BOX)	-	300 P
		mo -
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	Is, enter the name of the new registere
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida sti	reet address
		, Florida
	City	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	:	Type of Action
N/A	N/A	N/A	· · · · · · · · · · · · · · · · · · ·	_ 🗆 Add
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fective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of finese. If the date inserted in this block does not meet the applicable statute	ling or more than 90 days after filing.) Pursuant to ory filing requirements, this date will not be	o 605.02 e listed :
ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the e	arlier
The 90th day after the record is filed.		
MARCH 5 2024		
1		

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Typed or printed name of signee

Filing Fee: \$25.00