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S. YOUNG

FILINGS, INC. TERESA ROMAN (Requestor's Name) 2805 LITTLE DEAL ROAD (Address) **TALLAHASSEE, FLORIDA 32308** 385-6735 OFFICE USE ONLY (City, State, Zip) (Phone #) CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 1. Real Greatwaten Bland VISTA, Lic (Corporation Name) (Docume (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Pick up time 2.06 Walk in Certified Copy Will wait Mail out Photocopy Certificate of Status **NEW FILINGS** AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REAL GREATWATER BUE	NA VISTA, LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L14000171111</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
GREATWATER BUENA VISTA, LLC		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		The table
(Principal office address MUST BE A STREET ADDRESS)		
		2 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		500
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	ϵ performance of my duties, and I a	m familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
	•		☐ Remove
			Add
			☐ Remove
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, If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

				
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ffective date, in effective date in date this document	f other than the da	ate of filing: pe prior to date of receipt of la Department of State)	or filed date and cannot b	(optional) se more than 90 days after
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Filing Fee: \$25.00