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((H22000272329 3)))



H22000272329ABC\$

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BAKER & HOSTETLER LLP  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
STILLWATER CASCADES LLC**

Certificate of Status	0
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Page Count	03
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2022 AUG 12 PM 10:05

FILED  
2022 AUG 12 PM 2:22  
TALLAHASSEE, FLORIDA

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

(((H22000272329 3)))

STILLWATER CASCADES, 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 were filed on 01/30/2015 and assigned  
Florida document number L15000018786.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Juddson Tyler Spore

New Registered Office Address:

854 W. Plymouth Avenue

Enter Florida street address

DeLand

City

Florida 32720

Zip Code

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STATE OF FLORIDA  
TALLAHASSEE

**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

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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>	<u>Type of Action</u>
MGR	Raymond A. Biemacki, Jr., Trustee	2667 Enterprise Road	<input type="checkbox"/> Add
		Orange City, Florida 32763	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Juddson Tyler Spore, Trustee	854 W. Plymouth Avenue	<input checked="" type="checkbox"/> Add
		DeLand, Florida 32720	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 2, 2022

Signature of a witness

Signature of a member or authorized representative of a member

Raymond A. Biernacki, Jr., Authorized Representative

Typed or printed name of signer

**Filing Fee: \$25.00**