

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000271665 3)))



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

From:

To:

| Account Name   | : | CAPITOL SERVICES, | INC. |
|----------------|---|-------------------|------|
| Account Number | : | 120160000017      |      |
| Phone          | ; | (855)498-5500     |      |
| Fax Number     | : | (800)432-3622     |      |

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

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Help

| · Leslie Sellers 8004323622   | (03/05) 08/04/2023                      | 03:02:01 PM         |
|---|---|---------------------|
|   |   |                     |
| i.  |   |                     |
| •   | <b>^</b>                                | r <b>A</b>          |
| DocuSign Envelope ID: F766A2A3-FF69-4CE4-A45C-8C4498BC758F<br>AKTICLES OF A   | MENDMENT                                |                     |
| TO  |   |                     |
| ARTICLES OF OF  |   | 40000074665         |
| OF  |   | H23000271665        |
| LIMETREE BAY OWNERS LLC   |   |                     |
| (Name of the Limited Liability Company<br>(A Florida Limited Lia              | ( as it now appears on our records.)    |                     |
|   |   |                     |
| The Articles of Organization for this Limited Liability Company w             | rere filed on                           | and assigned        |
| Florida document number L15000104533  |   |                     |
| This amendment is submitted to amend the following:                           |   |                     |
| A. If amending name, enter the new name of the limited liabili                | ty company here:                        |                     |
| The new name must be distinguishable and contain the words "Limited Liability | Comments when designation with City and |                     |
|   | Company, the designation LLC of the     | aboreviation 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, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

| Name of New Registered Agent:                 | VICTOR BUBNOW     |                              |          | 2023    |      |
|---|-------------------|------------------------------|----------|---------|------|
| New Registered Office Address:                | 105 CURLEW ROA    | D                            |          | AUG     | 2    |
|   |                   | Enter Florida street address |          | <u></u> |      |
|   | MANALAPAN         | , Florida                    | 33462    | *       | H NO |
|   | (                 | City                         | -Zlp Cod | R.      |      |
| New Registered Agent's Signature, if changing | Registered Agent: |                              |          | N.      | C    |

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.



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DocuSign Envelope ID: F766A2A3-FF69-4CE4-A45C-8C4498BC756F II amenuing Autoprized rerson(s) autoprized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = Ma<br>AMBR = Au | nager<br>thorized Member |                        | H23000271665         |
|-----------------------|--------------------------|------------------------|----------------------|
| <u>Title</u>          | Name                     | Address                | Type of Action       |
| MGR                   | LOUMIET, JUAN P.         | 1228 ANASTASIA AVENUE  | 🖸 Add                |
|                       |                          | UNIT 101               | CRemove              |
|                       |                          | CORAL GABLES, FL 33134 | 🗏 Change             |
|                       |                          |                        | 🗆 Add                |
|                       |                          |                        | — С Кеточе           |
|                       |                          |                        | □Change              |
|                       |                          |                        | 🗆 Add                |
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| <u></u>               |                          |                        | 🗆 Add                |
|                       |                          |                        | 🗆 Remove             |
|                       |                          |                        | □ Chang <del>e</del> |
|                       |                          |                        | □Add                 |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 3  |  | 2023 | DocuSig | jned by: |  |
|-------|---|--|------|---------|----------|--|
|       |   |  |      | man     | loumiet  |  |
|       | Signature of a member or autorized representative of a member |  |      |         |          |  |
|       |   |  |      | 178CCF6 | 708C0499 |  |
|       | JUAN P. LOUMIET   |  |      |         |          |  |
|       | Typed or printed name of signer                               |  |      |         |          |  |