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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

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	**PLEASE OBTAIN THE	E FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Ar	rts & Amendments
	Certified Copy of Ar	ts & Amendments Complete File (Inclading Annual Reports)
	Certificate of Status	
<del></del>	Certificate of Status	Reflecting:
	**APOSTILLE'	/ NOTARIAL CERTIFICATION**
COUNTRY OF DEST	TNATION	
NUMBER OF CERTII	FICATES REQUESTED	
	5.00	ACCOUNT # 120140000108 With United Corporate Services, Inc.  Thank you so much!

## DocuSign Envelope ID: 7DCFF3EE-15E9-40E3-AD15-DFA4FBADB74D COVER LETTER

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: K. Hovnani	an at Mystic Dunes, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	
		_	
Please return all correspo	ndence concerning this matter	to the following:	
	Cheryl O'Brien		
		Name of Person	
	K. Hovnanian Companies,	LLC	
		Firm/Company	<del> </del>
	90 Matawan Road - Floor :	5	
	<del></del>	Address	
	Matawan, NJ 07747		
		City/State and Zip Code	
	cobrien@khov.com		
	E-mail address: (	o be used for future annual report no	otification)
For further information c	oncerning this matter, please ca	ill:	
Cheryl O'Brien		732 383-2614 at () Dayti	
Name o	f Person	Area Code Dayti	me 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)
Mailing Addres		Street Address:	
Registration S  Division of C		Registration S Division of Co	
P.O. Box 632	•	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## DocuSign Envelope ID: 7D:CFF3EE-15E9-40E3-AD15-DFA4FBADB74D ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

K. Hovnanian at Mystic Dunes, LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our r Liability Company)	records.)		
The Articles of Organization for this Limited Liability Company	were filed on 11/19/2015		and ass	igned
lorida document number L15000194126				
This amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbrevia	ation "L	L.C."
Inter new principal offices address, if applicable:		13	_>_	
Principal office address MUST BE A STREET ADDRESS)		TA TA	021	
		7-11	SEL	"3]
			30	1-0ms 1-4ms
nter new mailing address, if applicable:	2301 Lucien Way, Suite	260 Maitland, FL 3		
Mailing address MAY BE A POST OFFICE BOX)		214	တ	र चरा अस्तर
Tuning address Mill DE 11 OST OTTICE DON			دی	<u> </u>
			<u></u>	
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here;</li> </ol>	address on our records, <u>e</u>	enter the name of	the new	regist
gent and/of the new registered office address here.				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street o	address		
		Florida		
	City	Zi	ip 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.

DocuSign Envelope ID: 7DCFF3EE-15E9-40E3-AD15-DFA4FBADB74D in amenuing Authorized rerson(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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block ument's effective date on the Depart	specific and cannot be pr does not meet the app	ior to date of t licable statu	filing or more tha	(opti n 90 days afte irements, thi	r filing 1 P	ursuant I II not b	to 605.020 e listed a
cord specifies a delayed effective da s filed.	te, but not an effective	e time, at 12:	:01 a.m. on the	earlier of: (t	) The S	10th day	after th
September 29	2021						
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