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COVER LETTER

TO: Registration Sec Division of Corp			
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SUBJECT: 1111	Park Manager	ited Liability Company	
	. Walle Of Earli	med Diminity Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Esic Dicto	> C(
	Eric Plate	Name of Person	
	Wh Deck W	Firm Company	
		Firm/Company	
	8000 N Feder	al Hum Ste DOC	>
		Address	
	Theo Water	City/State and Zip Code	
		City/State and Zip Code	
		de horizon homestle to be used for future annual report noted	a. 20m
	E-mail address: (to be used for future annual report notif	ication)
For further information co	ncerning this matter, please c	all:	
Enc Plater	ب	at (<u>561)</u> 953-5 Area Code Daytime	,05 C
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	S30.00 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 Address	:	Street Address:	

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Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MHRakn	Nanagen: = 110	our records.)
(Name of the Limited	Liability Company as it now appears on of Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number 16000000000000000000000000000000000000	pility Company were filed on MRT	ch 20 3.00 and assigned
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor Enter new principal offices address, if applical (Principal office address MUST BE A STREET	ole:	ition "ELC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	reet address
	City.	, Florida Zip Code
	City	zip Coae

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>St</u>	Larson. Tood	11210 Ferron BRU E 18 41	<u> </u>
		Cord Springs Fl 330-	Kemove
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lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
lf an ei <u>Note:</u>	tive date, if other than the date of filing: [coptional] [fective 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them; seffective date on the Department of State's records.
e reco rd is f	rd 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 filed.
Dated	JULY 22 . 2020 .
	Signature of a member of authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00