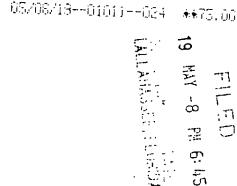
(Requestor's Name) (Address)	5003290
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	05/06/130101
(Document Number)	
Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
Species wish details to 1 ming officer.	MAY 1 7 2019 S. YOUNG

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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	rge Village Name of Linn	ted Liability Company	
	mendment and fee(s) are sub	- -	
Please return all correspond	dence concerning this matter	to the following:	
	Alexia H	USSC / Name of Person	
	Torge Vi	llage LLC	
	3905 6	brovewood la	ne
	Titusvil	le FL 32780 City/State and Zip Code	<u>ک</u>
	Olexio-f	OZAY C Q POZAY to be used for future annual report notifi	. COM
For further information cor	ncerning this matter, please ca	all:	
Alexia J	LUSSEY	at ( <u>321</u> ) 271 Area Code Daytime	-1200 Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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 ADDRESS:

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

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000040361</u> This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability	FILED FILED
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation "LLC."  3905 Grove wood Lane  Titusville, FL 32780
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3905 Grovewood Lane Titusville, Fi 32780
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent: Alex I  New Registered Office Address: 3905	Enter Florida street address  32.787
_1.17US1	// (U Florida 32 180 Zip 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.

If Changing Registered Agent, Signature of New Registered Agent

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 Title Name <u>Address</u> Type of Action Alexiatussey 3905 Gravewood Ln ☐ Remove ☐ Change □ Add □ Remove \_ 

Change □ Add \_□ Remove Change ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add □ Remove ☐ Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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ID ID 00 oct	
Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	<u>5-1</u> <u>2019</u> .
	Signature of a member or authorized representative of a member
	Priscilla M. Hussey Typed or printed printe of signee

Page 3 of 3

Filing Fee: \$25.00