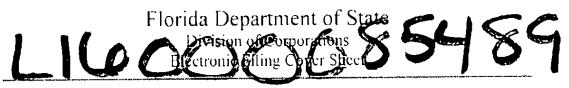
From: Kaity Toon

5/23/22, 1:59 PM

Division of Corporations



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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (954)208-0845 : (614)573-3996 Fax Number

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

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TERRA CITY CENTER INVESTMENTS III, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25,00

Electronic Filing Menu

Corporate Filing Menu

Help

## 19548277645

From: Kaity Toon

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TERRA CITY CE	ENTER INVESTMENTS III, LLC		
(Name of the Limited Liability (A Florida)	y Company as it now appears on our records.) Limited Liability Company)		•
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/04/2016	and a	assigned
Florida document number L16000085489	<del></del> '		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
PINES AND PALM AVE 2022, LLC			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	ibbreviation	"L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)	<u> </u>	202
Trincipal office asserted in our 2277.277.25		:- : ·	<u> </u>
		: " ;	Y 2
		- 7	23
Enter new mailing address, if applicable:		·············	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
		•7.+	<del>-01</del>
			7
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the na</u>	me of the	<u>new registerec</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Planida.		
	, Florida	Zip Co	ode
	T-14	•	

## New Registered Agent's Signature, if changing Registered Agent:

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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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

Page: 5 of 6

<u>Titte</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			□ Change
			□Add
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		1.11	DAdd
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			☐Cha::ge

Page: 6 of 6

). If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
Note: If	date, if other than the date of filing:
the record s cord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated M	June M. Mer
	Signature of a member or authorized representative of a member
	Jack M. Maag, Authorized Representative
	Typed or printed name of signee