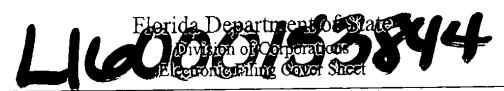
6/26/2020



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.

(((H20000198912 3)))



H200001969123ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : IVAN & DAUGUSTINIS, PLLC

Account Number : I20180000057 Phone : (904)395-2395

Fax Number : (904)475-2121

\*\*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 PLANTATION OAKS OF ORMOND BEACH SALES & MANAGEMENT,

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

O SIMMONS

JUN 3 0 2020

Tallahassee, FL 32314

TO:

#### **COVER LETTER**

#### H200001989123

TO: Registration Se Division of Cor		·	
	oaks of Ormond Beach Sales &	Management, LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
	ndence concerning this matter t		
	Andrew M. Woods, Esq.		
		Name of Person	
	Ivan & Daugustinis, PLLC		
	<u> </u>	Firm/Company	
	5150 Belfort Road, Buildin	g 200	
		Address	
	Jacksonville, Florida 32256	5	
		City/State and Zip Code	
	E mail address (1	to be used for future annual report not	ification)
Dog Book or information (	concerning this matter, please of		
		904 395-2395	
Andrew M. Woods, Esq		at (	ne Telephone Number
Name	of Person	Area Code Daytin	de l'otophono i anon
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection
Division of Corporations		Division of Co The Centre of	orporations
P.O. Box 63 Tallahassee,		<b></b>	oe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

H200001989123

**OF** 

2020 JUN 29 PH 2: 10

(Name of the Limi	ted Liability Compan (A Florida Limited Li	y as it now appears on ability Company)	our records.)
The Articles of Organization for this Limited L lorida document number L16000153844	iability Company v	were filed on August	17, 2016 and assigned
his amendment is submitted to amend the foll	lowing:		
a. If amending name, enter the new name o	of the limited liabil	lity company bere:	
he new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the design	ation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if appli	cable:		
<u>Principal office address MUST BE A STREI</u>	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)	<u> </u>	
3. If amending the registered agent and/or gent and/or the new registered office addre	registered office a ess <u>bere</u> :	ddress on our recoi	ds, enter the name of the new register
Name of New Registered Agent:	Ivan & Daugusti	inis, PLLC	
New Registered Office Address:	5150 Belfort Road, Building 200		
		Enter Florida s	
	Jacksonvill <del>e</del>		, Florida <sup>32256</sup>
		Ciry	Zip Code

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

H200001989123

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 = N	1anager	H20000198912 3			
AMBR = A	Authorized Member	2020 JUN 29 PN 2: 10			
<u> Fitle</u>	<u>Name</u>	Address	Type of Action		
M ———	Lore Bledsoe	131 Business Center Drive, Ste. B11	<b>=</b> Add		
		Ormond Beach, FL 32174	□Remove		
			□Change		
			🗖 Add		
			□Remove		
			Change		
<del></del>					
			□Remove		
			□Add		
			□Remove		
			Change		
			□ Add		
			□Remove		
			□Change		
			□Add		
			□Remove		
			Change		

## H20000198912 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2020 JUH 29 PH 2: 09
E. Effective date, if other than the date of filing:  (If an effective 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 (3)(b)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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
Signature of a momber or aumorized representative of a member
Andrew M. Woods, Esq., Authorized Representative
Typed or printed name of signec

H20000198912 3