L16000204949

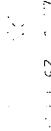
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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PICK-UP WAIT MAI	L
(Business Entity Name)	
(Business Entity Harrie)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration S Division of Co			•	
	nclave at Northshore, LLC	•		
SUBJECT:	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub ondence concerning this matter	_		
	Misty Kent			
		Name of Person		
	Royal American			
		Firm/Company		
		Address		
	Panama City, FL 32405			
		City/State and Zip Code		
	misty.kent@royalamerican		,	77
		(to be used for future annual report notification)	-1 	();
For further information of	concerning this matter, please c	all:		; ~
Misty Kent		850 814-9396 at ()		(L)
Name of Person Area Code Daytime Telephone Num			lumber	;; ;
				- 17 - 23
Enclosed is a check for the	he following amount:			, 0
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	1.00 Filing Fee, rtificate of Stat rtified Copy ditional copy is end	us &
Mailing Addres Registration 5 Division of C	Section	Street Address: Registration Section Division of Corporations		
P.O. Box 632		The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RA The Enclave at Northshore, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/08/2016 and assigned Florida document number L16000204949 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

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.

Cirv

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	d Member
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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Green Mills Holdings, LLC	347 N. New River Drive #2705	□ Add
		Ft. Lauderdale, FL 33301	■Remove
			□Change
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fective date, if other than the date of filir	ng:		(option	ıal)
n effective date is listed, the date must be specific anote: If the date inserted in this block does not	ia cannot be prior to	date of filing or more	than 90 days after h	ling.) Pursuant to 605.02
cument's effective date on the Department of			a quironnon mon	sate will flot be fisted
ecord specifies a delayed effective date, but no is filed.	t an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
S Med.				
June 28	2023			
Jan AAM	D:0'-	•		
NUUTULL	HY?	zed representative of		
Signature of a				

Filing Fee: \$25.00

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co				
Chiles and Core	nclave at Northshore, LLC			
SUBJECT:	Name of Lim	 		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Misty Kent			
		Name of Person		
	Royal American			
		Firm/Company		
1022 W. 23rd Street, Ste. 300				
Address				
	Panama City, FL 32405		`	
	misty.kent@royalamerican.	City/State and Zip Code		
	E-mail address: (to be used for future annual report noti	ification)	
For further information	concerning this matter, please ca	all;		
Misty Kent		850 814-9396		
Name	of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration		<u>Street Address:</u> Registration Sc	ction	
-	Corporations	Division of Cor The Centre of 1	rporations	
1.O. DOX 03	∠ <i>I</i>	ine Centre of 1	i attaitassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303