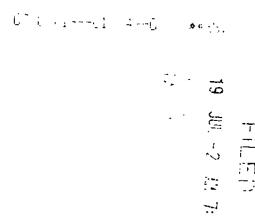
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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #1
PICK-UP		MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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JUL 1 5 2019 S. YOUNG

COVER LETTER

то:	Registration Se Division of Cor					
SUBJ	Tuscan Gar	dens of Forest Acres Develop	nent Company, LLC			
3000	EC1	Name of Lim	ited Liability Company			
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Paula Barnett				
			Name of Person			
		PinoNicholson, PLLC				
			Firm/Company			
		189 S. Orange Ave., Suite 1650				
			Address			
		Orlando, FL 32801				
		City/State and Zip Code				
		pbarnett@pinonicholsonlaw.com				
		E-mail address: (to be used for future annual report notif	ication)		
For fu	rther information o	oncerning this matter, please co	all:			
Paula	Barnett		407 956-4245 at ()			
	Name o	f Person		e Telephone Number		
Enclos	sed is a check for th	ne following amount:				
■ S2	25.00 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**

Tuscan Gardens of Forest Acres Development Compa	nny, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on November 17, 2017	and assigned
Florida document number L.16000211365		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The Heritage at Forest Acres Development Company, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation L.L.C."
Enter new principal offices address, if applicable:		. : <u></u>
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		<u></u> '
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		he name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	enter r torida street adaress	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	sup Cone
The state of the s		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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	Address	Type of Action
			☐ Remove
		·	☐ Change
			□ Remove
			□ Change
			□ Add
			Remove
			□ Change
			Add
		☐ Remove	
			☐ Change
		□ Remove	
			☐ Change
			Add
			Remove
			☐ Change

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fan effec <mark>Sote:</mark> Ti	e date, if other than the date of filing:
e reco The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 00th day after the record is filed.
ated	6/27/19
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00