

Elorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Addount Name : STEARNS NEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135

Phone

: (305)789-3200

Fax Number

: (305)789-4137

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

Email Address:

francisco@landmarkco.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AUTUMN RIDGE, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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OCT 2 3 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Cods	_
		, Florida	_
New Registered Office Address:	Enier Florida sa	rest oddress	-
Name of New Registered Agent:			-
agent and/or the new registered office address l	here:		
B. If amending the registered agent and/or reg	istered office address on our record	is, enter the name of the new regist	<u>ered</u>
		<u> </u>	سبا –
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
Enter new mailing address, if applicable:		22	معدد : <u>ا</u> رسور در
			- : ;
(Principal office address MUST BE A STREET.	ADDRESS)		–
Enter new principal offices address, if applicab			-
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L L C."	-
A. If amending name, enter the new name of th	he limited liability company here:		
This amendment is submitted to amend the follow	ing:		
Florida document number L16000212111			
The Articles of Organization for this Limited Liab	oility Company were filed on Novemb	er 21, 2016 and assigned	
	Liability Company as it now appears on a Florida Limited Liability Company)		
AUTOMN RIDGE, LLC	Liability Company as it now appears on o	ur records.)	

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	<u>Name</u>	Address	Type of Action
MGRM	Autumn Ridge Member, LLC	3050 Biscayne Blvd.	□Add
		Suite 300	■ Regiove
		Miami, FL 33137	Change
AMBR	Robert Saland	3050 Biscayne Blvd.	B bA ≅
	-	Suite 300	_
		Miami, FL 33137	
AMBR	Francisco Rojo	3050 Biscayne Bivd.	_
		Suite 300	
		Miami, FL 33)37	_
			□ Change
			□Remove
			□Change
			DAdd
			Change

monding any other intormation,	, cuter change(s) here: (Attach additional sheets, if necessary.)	-
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Tective date, if other than the date in effective date is listed, the date must be space. If the date inserted in this block document's effective date on the Department.	e of filing:	5.0207 (led as th
cord specifies a delayed effective date s filed.	te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
ed October 22	, 2020	
Signs	citure of a member or authorized representative of a member	
Robert Saland		

Filing Fee: \$25.00