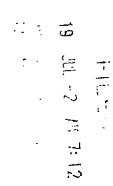
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Office Use Only



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JUL 1 5 2019 S. YOUNG



### **COVER LETTER**

Division of	Corporations
SUBJECT:	n Gardens of Forest Acres Capital Partners, LLC
SUBJECT.	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all corr	respondence 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 notification)
For further informati	ion concerning this matter, please call:
Paula Barnett	407 956-4245 at ()
Na	me of Person Area Code Daytime Telephone Number
Enclosed is a check t	for the following amount:
■ \$25.00 Filing Fe	e S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 Capital Partne	ners, 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 January 26, 2017	and assigned
Florida document number L17000021130	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The Heritage at Forest Acres Capital Partners, LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
		·
		三 章 五
Enter new mailing address, if applicable:		2 7
(Mailing address MAY BE A POST OFFICE BOX)		- J
	==-	<u>ــا</u>
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		ter the name of the ne
registered agent and/or the new registered office address	ess nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

#### 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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lf an effect <b>Note:</b> - If	e date, if other than tive date is listed, the date the date inserted in thi it's effective date on th	must be specifi is block does	ie and cannot b not meet the	applicable stati	filing or more that	(option an 90 days after fil tirements, this d	ing.) Pursuant to 60	05.0207 sted as
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	427/19		,					
Dated	<del></del>	-						
Dated					7 resentative of a n			

Page 3 of 3

Filing Fee: \$25.00