117000233686

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

Office Use Only



800389714718

LLC amend

2022 JUH 17 AM 8: 47

RECEIVED

A. RAMSEY JUN 2 0 2022

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

06/17/22

NAME: HERITAGE HARBOR GOLF HOLDINGS LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HERITAGE HARBOUR GOLF HOLDINGS, 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 vi Florida document number L17000233686	vere filed on 11/11/17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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 adagent and/or the new registered office address here:	dress on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, and I am	familiar with and

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
MGR	William M. Bruce	15112 21st Ave. East	🗆 Add
		Bradenton, FL 34212	□Remove
			■Change
			🗆 Add
			🗇 Remove
			Change
·			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			DChange
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change

		_				
						_
			1 1111111111111111111111111111111111111			
				-		
		_				
_						
Effective	the date inserted i	in this block does	filing: file and cannot be prior not meet the applic at of State's records.	able statutory film	(option note than 90 days after fing requirements, this o	nal) ling) Pursuant to 605.0207 date will not be listed as
Note: If						
Note: If document of records		l effective date, bu	ut not an effective ti	me, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Note: If document he record sord is filed		l effective date, bu	at not an effective ti	me, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Note: If document he record so ord is filed	1.				2	The 90th day after the
Note: If document he record so ord is filed	1.				2	The 90th day after the

Filing Fee: \$25.00