

L17000238644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

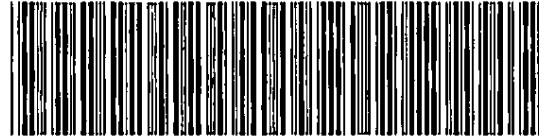
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700353162757 ✓

10/06/20--01007--016 **25.00

RECEIVED

OCT 05 2020

DEC 02

2020 NOV 30 PM 4:11

Handwritten signature/initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2020

WENDY POHLMANN
542 HEARTHGLEN BLVD
WINTER GARDEN, FL 34787

SUBJECT: THE VISTAS AT FOUNTAINHEAD GP LLC
Ref. Number: L17000238644

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

FOR THE AUTHORIZED PERSON DETAIL, PLEASE USE TITLES LISTED ABOVE ON THE PAGE INSTEAD OF MRS. AND MR. PLEASE RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 820A00022839

Hi

Please see changes

Thanks

Wendy.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE VISTAS AT FOUNTAINHEAD GP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wendy Pohlmann

Name of Person

Firm/Company

542 Hearthglen Blvd

Address

Winter Garden FL 34787

City/State and Zip Code

wendy@pohlmann123.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendy Pohlmann

843

822-6937

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE VISTAS AT FOUNTAINHEAD GP 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 11/20/17 and assigned
Florida document number L17000238644.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Pierce Plaza GP LLC

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 _____
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>	<u>Address</u>	<u>Type of Action</u>
MGR AMBR	WENDY POHLMANN	542 HEARTHGLEN BLVD	<input checked="" type="checkbox"/> Add
		WINTER GARDEN FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR MGR	STEVEN DEATON	7205 Lakota Ridge Drive	<input checked="" type="checkbox"/> Add
		Liberty Township, OH 45011	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR MGR	Bowron KENNETH BOWRON	6261 Sawyer Loop Road #107	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34238	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 30 2020

Donald Ryeon

Signature of a member or authorized representative of a member

DONALD PAXTON

Typed or printed name of signee

Filing Fee: \$25.00