L17000252085

(Red	questor's Name)	
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COVER LETTER

	egistration Section ivision of Corpora			
SUBJECT	:	Heritage Name of Lini	201 LLC ted Liability Company	
The enclose	ed Articles of Ame	endment and fee(s) are subr	nitted for filing.	
Please retur	rn all corresponder	ace concerning this matter t	to the following:	
	-	Rec	Name of Person	
	-	REC Pa	Name of Person ge Nestment Firm/Company	LLC
	-	5045 SW	74th Terrace	-
	-	Miani, Renae	City/State and Zip Code DLawpa. Como be used for future annual report notific	
For further	information conce	rning this matter, please ca		cation)
	\circ	•	at (<u>305</u>) <u>321 49</u> Area Code Daytime	69 Telephone Number
Enclosed is	a check for the fo	llowing amount:		
£ \$25.00	Filing Fee C	3 \$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

Herita	Lae 201 LLC	
(<u>Name of the Limited Liah</u> (A Flor	oildy Company as it now appears on ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on	2/11/17 and assigned
Florida document number <u>L1700025208</u>	<u>5</u> .	,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	tation "LLC" or the abbreviation "LC"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
		12 P
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		_
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		r records, enter the name of the new
Telegrand and the new registered office ac	au con nere.	
Name of New Registered Agent:		
New Registered Office Address:		-
New Registered Office Address:	Enter Florida s	trect 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 Title Name Address **Type of Action** MGR Renae Page 5045 SW 74th TEr. □Add Micmi, FL 33143 Bremove ☐ Change MGR Christopher R Page 5045 SW 74th Terrace DAdd Mian: FL 33143 __ Change REC Page Investments, LLC DANGE 5045 SW 74th Terrace □ Remove milmi FL 33143 O Change ☐ Add □ Remove ____ Change □ Add ☐ Remove

☐ Change

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<u>ote:</u> If	e date, if other than the date of filing: /2/8/17 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at seffective date on the Department of State's records
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ated	12/11/17
—	
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00