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WAR 1 6 2PM S J. HARRIS

COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	OPULENC	E ORLANDO, LLC				
oc bo be		Name of Lim	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		•	•			
		AMY BARNARD				
			Name of Person			
		UNICORP NATIONAL D	EVELOPMENTS, INC.			
Firm/Company						
7940 VIA DELLAGIO WAY, SUITE 200						
		ORLANDO, FLORIDA 32	2819			
	······································					
AMYB@UNICORPUSA.COM E-mail address: (to be used for future annual report notification)						
		·	•	cation)		
For further in	nformation c	oncerning this matter, please ca	all:			
AMY BARNARD 407 999-9985 at ()						
	Name o	f Person	Area Code Daytime	Telephone Number		
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		he following amount:		5 640 00 511 - 5		
\$25.00 F	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)		

Registration Section

TO:

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

OPULENCE ORLANDO, LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on DECEMBER 12, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
CARMEL BY THE LAKE ORLANDO, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		AS T
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		C FLO
(Mailing address MAY BE A POST OFFICE BOX)		REAL PROPERTY OF THE PROPERTY
B. If amending the registered agent and/or registered agent and/or the new registered office add		ter the name of the ne
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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			☐ Remove
			□ Change
			□ Remove
			□ Change
			Remove
			☐ Change
			Add
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			A Carrier Lange
			ASSEE FLORIDA
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