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COVER LETTER

то:	Registration Se Division of Cor			
SUBJEC	CARMEL	BY THE LAKE ORLANDO,	LLC	
SOBJEC	~1·	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		AMY BARNARD		
			Name of Person	
		UNICORP NATIONAL D	DEVELOPMENTS, INC.	
			Firm/Company	***
	7940 VIA DELLAGIO WAY, SUITE 200			
			Address	
		ORLANDO, FLORIDA 3	2819	
			City/State and Zip Code	
		AMYB@UNICORPUSA.C	COM to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please c	-	
AMY B	ARNARD		407 999-9985 at ()	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		·
\$25.0	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)
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURING Registration Section Division of Corpora	1

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARMEL BY THE LAKE ORLANDO, LLC			
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records. Limited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number L17000254043	ompany were filed on DECEMBER 12, 2017	and assign	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
CARMEL BY THE LAKE, LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbi	reviation "L.L.C.	.,,
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Musing address MAT DE AT OST OFFICE BOX)			
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		he name of	the new
Name of New Registered Agent:			SEO!
New Registered Office Address:		#R 22	NETA PAR
	Enter Florida street address	2	RY OF STATE CORPORATE
	, Florida	Zip Code 🗭	- 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
New Registered Agent's Signature, if changing Registered	Agent:	نه. بي	TIONS

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>	Address	Type of Action
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			Remove
		44 - 114 4	□ Change
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Page 3 of 3

Filing Fee: \$25.00