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Office Use Only



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21 JUL 19 PH 3: 12

COVER LETTER

Flonda First	dess Villas ited Liability Company	UC
mendment and fee(s) are sub	omitted for filing.	
lence concerning this matter	to the following:	
<u>Sol</u>	Name of Person	
		class Villas
371	f Del Prado Address	Bluds, Suitec
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erson	at (239 Z	23 49863 aytime Telephone Number
following amount:		
□ \$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)
	mendment and fec(s) are substance concerning this matter 371 Cope Cope E-mail address: accorning this matter, please concerning this matter, please concerning this matter.	3714 Del Prado Address Cape Coral, Fu City/State and Zip Code Loss Del Honda history E-mail address: (to be used for furfre annual report Identification at 239 Area Code Del Street Address Certificate of Status Certification Comporations Street Address Registration Division of

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ति क्षेत्रका का अस्ति। अस्ति। भी का अस्ति। ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION PH 3: 13 **OF**

(Name of the Limited I	nida Trist Class Villas UC. iability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number <u>L/8000/0 87</u>	lity Company were filed on $0///2/2049$ and assigned
This amendment is submitted to amend the followi	ng:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>x</u>
B. If amending the registered agent and/or reginate and/or the new registered office address has been addressed office addressed of the addres	stered office address on our records, <u>enter the name of the new registered</u> <u>ere</u> :
Name of New Registered Agent:	DR. KLAUS UWE KATTKUS
New Registered Office Address:	3714 Del Prado Blvd S. Suitel
-	Cape Cora , Florida 3390 y City Zip Code
New Registered Agent's Signature, if changing Regi	istered 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

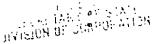
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

21 JUL 19 PH 3: 13

<u>Title</u>	<u>Name</u>		Addres	<u>s</u>	Type of Action
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ivote: If the date ma	ther than the date of sted, the date must be specifierted in this block does date on the Department	not meet the applica	to date of filing or more table statutory filing re	(optional) han 90 days after filing.) quirements, this date v	Pursuant to 605,0207 will not be listed as
e record specifies a é rd is filed.	elayed effective date, bu	t not an effective tir	ne, at 12:01 a.m. on the	he earlier of: (b) The	90th day after the
Dated 7/15		_, <u>Loz1</u>			
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	Signature	of a member or autho	rized representative of a	member	