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SECRETARY OF STATE
FAIT ANASSEE, FLORIDA

ling Joseph ...

COVER LETTER

TO:

TO:	Registration Sec Division of Corp					
cub ir		R Information				
SUBJE		Name of Lim	ited Liability Company			
The encl	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please re		ndence concerning this matter	to the following:			
		Davis C. Riddle				
			Name of Person			
		Morton & Gettys				
			Firm/Company		·•	
331 E Main St., Rock		331 E Main St., Rock Hill,	, SC 29731			
		Address				
		Rock Hill, SC 29731				
		City/State and Zip Code				
		davis.riddle@mortongettys	.com to be used for future annu	al report notific	ation)	
For furtl	ner information co	oncerning this matter, please ca				
	Cannon Riddle	-		366-3427		
	Name o	f-Person	at ()_ Area Code	Daytime T	Felephone Number	
Enclose	d is a check for th	ne following amount:				
	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr	ING ADDRESS: ration Section	Regist	ET/COURIE ration Section on of Corporat	R ADDRESS:	

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VILLA PALMS, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000040506	were filed on 02/14/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		<u> </u>
;		PR 2
Enter new mailing address, if applicable:		S 4 6 [_
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered of the new registered office address here.	office address on our records, <u>cre</u> :	> -
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da Zip Code

New Registered Agent's Signature, if changing Registered Agent:

į

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>	Address	Type of Action
MGR	EASTSIDE EQUITIES, LLC	13411 Fox Croft Lane, Palm Beach Gardens, FL 33418	Add
			Remove
	>		☐ Change
MGR	The 2016 Biggins Family Trust	13411 Fox Croft Lane, Palm Beach Gardens, FL 33418	■ Add
			Remove
			Change
			Change Change Altimote Banda Adda Adda
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			Remoder Change
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Tective date, if other than the date of filing:	(optional)
Tective date, if other than the date of filing:	of filing or more than 90 days after filing.) Pursuant to 605.02
e record specifies a delayed effective date, but not an e The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
nted	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00