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SECRETARY OF STATE
TALLAHASSEE, F

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July 2, 2021

Division of Corporations FLORIDA SECRETARY OF STATE Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

RE: Change of Name: Siesta Excelsior 202, LLC to Florida Property & Design, LLC

Dear Sir or Madam,

Enclosed please find our firm check No. 9122 for \$25 to cover the fee for firm enclosed Articles of Amendment to Articles of Organization of Siesta Excelsior 202. LEED

If you have any questions with the foregoing, please do not hesitate to

Sincerely,

Susan E. Lindsay

Paralegal to Attorney Gary Peal

/sel enclosures

FAX - 941-484-9992

FAX - 813-251-1662

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Siesta Excelsior 202, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our i	records.)
he Articles of Organization for this Limited Liability Company	were filed on 3/29/18	and assigned
orida document number L18000081245		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
lorida Property & Design, LLC		
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	1 "LLC" or the Apprevious n "L.L.C."
nter new principal offices address, if applicable:		ALL.
Principal office address MUST BE A STREET ADDRESS)		
		SET THE TOTAL SET OF THE PERSON OF THE PERSO
		EE, FI
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
If any adding the projection of any adding the second of t	11	
. If amending the registered agent and/or registered office a <u>tent and/or the new registered office address here</u> :	idaress on our records, <u>s</u>	enter the name of the new regis
	·	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	uddress
		_, Florida
	Cin	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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e record rd is file	d specifies a dela ed.	yed effective d	ate, but not	an effective	time, at 12:	01 a.m. on the	earlier of: (b) The 90th	day after	r the
Dated _	April	26.		2021	· ·					
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Filing Fee: \$25.00