## L18000089281

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| PICK-UP                   | WAIT              | MAIL         |
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| (Doc                      | cument Number)    | )            |
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| Special Instructions to F | Filing Officer:   |              |
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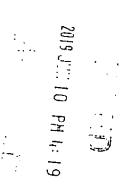
Office Use Only



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R. WHITE



## **COVER LETTER**

| TO:      | Registration S<br>Division of Co | Section<br>orporations                          |   |  |
|----------|----------------------------------|---|---|--|
| SHRH     | Seacrest V                       | 'illage, LLC                                    |   | •  |
| .,015,7  |                                  |   | mited Liability Company   | <del></del>  |
| The en   | closed Articles of               | Amendment and fee(s) are su                     | bmitted for filing.   |  |
|          |                                  | ondence concerning this matte                   |   |  |
|          |                                  | Carlos Toledo                                   |   |  |
|          |                                  | Neighborhood Renaissand                         | Name of Person<br>ce, Inc.  | <del></del>  |
|          |                                  | 510 24th Street                                 | Firm/Company  |  |
|          |                                  | West Palm Beach, FL 334                         | Address<br>07   |  |
|          |                                  | ctoledo@neighborhoodrena                        | City/State and Zip Code<br>aissance.org                                   |  |
|          |                                  | E-mail address:                                 | to be used for future annual report notif                                 | lication)  |
| For furt | her information e                | oncerning this matter, please c                 | all:  |  |
| Carlos ' |                                  |   | 561 832-6776 ext  | . 107  |
|          | Name o                           | f Person  | at ()<br>Area Code Daytime  | : Telephone Number   |
| Enclose  | d is a check for th              | ne following amount:                            |   |  |
| \$25     | .00 Filing Fee                   | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

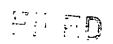
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on our records.)



Seacrest Village, LLC

2019 JUN 10 PM 4: 19

| ·  | rida Elimited Elability Company)                     | 77.1 ×                  | 1                      |
|--|--|-------------------------|------------------------|
| The Articles of Organization for this Limited Liability  | y Company were filed on $\frac{4/12}{2}$             | /2018                   | and assigned           |
| Florida document number L18000089281   | ·  |                         |                        |
| This amendment is submitted to amend the following   | :  |                         |                        |
| A. If amending name, enter the new name of the li  | imited liability company here                        | <u>e</u> :              |                        |
| CP Renaissance, LLC  |  |                         |                        |
| The new name must be distinguishable and contain the words "L  | Limited Liability Company," the desi                 | ignation "LLC" or the   | abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  |  |                         |                        |
| (Principal office address MUST BE A STREET AD  | DRESS)   |                         | <del></del>            |
|  |  | <del></del>             |                        |
|  |  |                         |                        |
| Enter new mailing address, if applicable:  | -  |                         |                        |
| (Mailing address MAY BE A POST OFFICE BOX)   | <i> </i>   | <del></del>             |                        |
|  | ·  | <u> </u>                |                        |
| R. If amending the registered event and/an and   | -int 4 - 66° 11                                      |                         |                        |
| B. If amending the registered agent and/or regregistered agent and/or the new registered office agent and/or the new registered agent and/or the new registered agent agen | gistered office address on o<br><u>Idress here</u> : | our records, <u>ent</u> | er the name of the nev |
|  |  |                         |                        |
| Name of New Registered Agent:  |  |                         |                        |
| New Registered Office Address:   |  |                         |                        |
|  | Enter Florida  | i street address        |                        |
|  |  | . Florida               |                        |
| _  |  | , - 10.1311             | Zıp Code               |
| New Registered Agent's Signature, if changing Register   | red 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> <u>Address</u> Type of Action □ Add ☐ Remove \_□ Remove ☐ Change \_□ Add \_\_\_\_\_ Change □ Add □ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add \_□ Remove 

| fective date, if other than the date of filing:  In effective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0.  In effective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted cuntent's effective date on the Department of State's records.  It record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier file 90th day after the record is filed.  It does not specified the record of the specified of the specified of a member of the specified of the specified of a member |  |  | <del></del>                            |                       | _                        | <del></del>               |
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| leri Munan   | record specifies a de<br>he 90th day after the                       | layed effective<br>e record is file          | e date, but no<br>d.                   | t an effective ti     | me, at 12:01 a.          | m. on the earlier         |
| Signature of a member or puthorized representative of a member   |  |  | 2019                                   |                       |                          |                           |
| Signature of a member or authorized representative of a member   | June 6   |  | -· <del></del>                         | <u> </u>              |                          |                           |
|  | June 6   | les a  | -·                                     | <u> </u>              |                          |                           |

Page 3 of 3