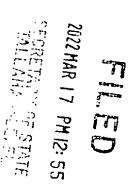
L18000092729

| (Requestor's Name) |
|--|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: Received through email on March 17, 2022 |
| |

Office Use Only



000381725240



A. BUTLER MAR 17 2022

COVER LETTER 4

| TO: Amendment Sec Division of Corp | | | • | | | | |
|---------------------------------------|---|---|-------------------------------|--|--|--|--|
| NAME OF CODEO | RATION: GRBK GHO VEN | EZIA ESTATES, LLC | | | | | |
| NAME OF CORTO | L18000092729 | | | | | | |
| DOCUMENT NUM | BER: L18000092729 | | | | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | | | |
| Please return all corre | espondence concerning this ma | tter to the following: | | | | | |
| | WILLIAM HANDLER | | | | | | |
| | | Name of Contact Persor | 1 | | | | |
| | GRBK GHO HOMES, LLC | | | | | | |
| | Firm/ Company | | | | | | |
| | 590 NW MERCANTILE PL | | | | | | |
| | | Address | | | | | |
| | PORT ST. LUCIE, FL 34986 | | | | | | |
| | | City/ State and Zip Code | 2 | | | | |
| ВК | ENDAR@GHOHOMES.COM | Л | | | | | |
| | E-mail address: (| to be used for future annua | report notification) | | | | |
| For further information | on concerning this matter, pleas | | | | | | |
| BRENDA RAMIRE | Z | at (| 285-0626 | | | | |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number | | | | |
| Enclosed is a check f | or the following amount made | payable to the Florida Depa | artment of State: | | | | |
| □ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | ☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certificate of Status | | | | |
| Mailing Address: | | Street Address: | | | | | |
| Amendment Section | | Amendment Section | | | | | |
| Division of P.O. Box 63 | Corporations | Division of Corporations The Centre of Tallahassee | | | | | |
| Tallahassee, | | 2415 N. Monroe Street, Suite 810 | | | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 HAR 17 PM 12: 55

| GRBK GHO VE | NEZIA ESTA | ATES, LLC | ECRETALL DE CENTE |
|--|---|--|--|
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | iy as it now appea lability Company) | rs on our records.) | 一种 1000000000000000000000000000000000000 |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L1800092729</u> . | were filed on | 04/16/2018 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabi | lity company h | ere: | |
| GRBK GHO LUXURY | HOMES, LL | С | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity 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) | | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | <u> </u> |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our | records, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Flo | oridu street address | |
| | | , Floric | ia |
| | Ciņ | | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance o provided for in | f my duties, and l Chapter 605, F.S | am familiar with and I. Or, if this document is |

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 Type of Action Title Name <u>Address</u> _____ □Remove _ Change _____ Change _____ Remove _____ □Change

_____ Change

_____ □Remove

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| effective da le: If the d | e, if other than the date one is listed, the date must be speate inserted in this block do Tective date on the Departm | ecific and cannot be prior to ses not meet the applicat | o date of filing or more the ole statutory filing req | (optional) an 90 days after filing.) Pur uirements, this date will | suant to 605.020 not be listed a |
| cord specif s filed. | ies a delayed effective date, | but not an effective tim | ne, at 12:01 a.m. on th | e earlier of: (b) The 901 | h day after th |
| ed | March 1 | . 2022 | _· • | | |
| | | ure of a member the emor | Consequentities of = | | |
| | Signac | me or a melenci mediuol | Erro ichicacinaniae or a | memori | |

Filing Fee: \$25.00



February 24, 2022

WILLIAM HANDLER 590 NW MERCANTILE PL PORT ST. LUCIE, FL 34986

SUBJECT: GRBK GHO VENEZIA ESTATES, LLC

Ref. Number: L18000092729

We have received your document for GRBK GHO VENEZIA ESTATES, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT BENEFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 822A00004525

Anissa Butler Regulatory Specialist II