

L18000 143558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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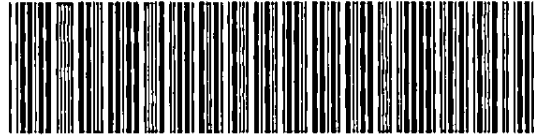
(Business Entity Name)

(Document Number)

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R. WHITE
MAR 25 2019

2019 MAR 13 PM 2:57
SECRET
TALLAHASSEE FL

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wesley Chapel TLF Venture, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bradford L. Johnson

Name of Person

Shallow Lagoon Holdings, LLC

Firm/Company

823 E. 23rd Avenue

Address

New Smyrna Beach, FL 32169

City/State and Zip Code

bljohnson@irrtampa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bradford L. Johnson

813

924-8500

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$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)

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
OF**

FILED

2019 MAR 13 PM 2:57

Wesley Chapel TLE Venture, LLC

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

STATE
OF FLORIDA, FL

The Articles of Organization for this Limited Liability Company were filed on June 11, 2018 and assigned
Florida document number L18000143558.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Shallow Lagoon Holdings, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

823 E. 23rd Avenue

(Principal office address MUST BE A STREET ADDRESS)

New Smyrna Beach, FL 32169

Enter new mailing address, if applicable:

823 E. 23rd Avenue

(Mailing address MAY BE A POST OFFICE BOX)

New Smyrna Beach, FL 32169

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Bradford L. Johnson

New Registered Office Address:

823 E. 23rd Avenue

Enter Florida street address

New Smyrna Beach

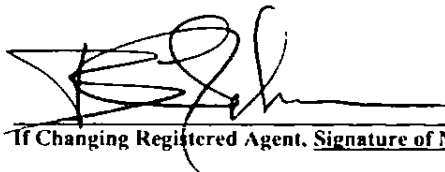
Florida 32169

City

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Bradford L. Johnson	823 E. 23rd Avenue New Smyrna Beach, FL 32169	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Debra L. Johnson	823 E. 23rd Avenue New Smyrna Beach, FL 32169	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

F. Effective date, if other than the date of filing: _____ (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 5, 2019

Signature of a member

Signature of a member or authorized representative of a member

Bradford L. Johnson

Typed or printed name of signee