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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: <u>8205 Har</u>	bor Vista Circle, LLC Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
	J. Russell Collins	Name of Person	<del></del>
	Rusty Law, LLC	P	
	2493 US Highway 1 S	Firm/Company	:-: <b>:-:</b>
	2473 OS Highway I C	Address	
	Saint Augustine, Flori	City/State and Zip Code	
		to be used for future annual report notifi	ication) Grant Gra
For further information c	oncerning this matter, please co	all:	), i
J. Russell Collins Name o	f Person	at ( <u>904</u> ) <u>829-6600</u> Area Code Daytime	: Telephone Number
Enclosed is a check for the	he 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)
MAII	ING ADDRESS:	STREET/COURI	ER ADDRESS:

TO:

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

STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8205 Harbour Vista Circle, LLC				
8205 Harbour Vista Circle, LLC (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears of Liability Company)	<u>n our records.</u> )		
The Articles of Organization for this Limited Liability Company	were filed on July	9th, 2018	and assigned	
Florida document number <u>1.18000164912</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here			
29205 Harbour Vista Circle, LLC The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desig	nation "LLC" or the abbrev	viation "L.L.C."	
Enter new principal offices address, if applicable:	-		, N3	
(Principal office address MUST BE A STREET ADDRESS)		<u>ئۆ</u>	2019	
		<u></u>	<u> </u>	
		<u>ئ</u> ن	22 6	
Enter new mailing address, if applicable:		r		
(Mailing address MAY BE A POST OFFICE BOX)		r c	CO CO TERMENT	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ur records, <u>enter the</u>	name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	duties, and I am fam pter 605, F.S. Or, if t	iliar with and his document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Tective date, if other than in effective date is listed, the dat ote: If the date inserted in the ocument's effective date on t	is block does not	t meet the appli	icable statutory fi	(op r more than 90 days aff ling requirements, th	tional) ler tiling.) Pursuant to his date will not be	605.0207 listed as
e record specifies a dela The 90th day after the			ot an effective	e time, at 12:01	a.m. on the ea	ırlier o
ated March 26th		2019	·			
	2					
	Signature of	a member or aut	horized representat	ive of a member		-

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Filing Fee: \$25.00