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M. MILLIGAN AUG 23 2018

COVER LETTER

	Registration Division of C	Section Corporations		
SURTEC	SOUTH	WOOD HOUSE AND COTTAG	GES, LLC	
SOBJEC		Name of Li	mited Liability Company	
The enclo	sed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please ret	urn all corre	spondence concerning this matte	r to the following:	
		DANIEL E. MANAUSA	, ESQ.	
			Name of Person	
		MANAUSA LAW FIRM	, P.A.	
			Firm/Company	
		1701 HERMITAGE BLV	D., SUITE 100	
		TALLAHASSEE. FL 323	Address 08	
		DANNY@MANAUSALA	City/State and Zip Code W.COM	
			to be used for future annual report noti	fication)
For furthe	r informatior	concerning this matter, please c	all:	
SUNITA	DIAS	_	850 597-7616	
	Name	of Person		e Telephone Number
Enclosed i	s 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

-ILED

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SPERETARY OF STATE

SOUTHWOOD HOUSE AND COTTAGES, LLC

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

The Articles of Organization for this Limited Liabil	lity Company were filed on 7/11/20	18 and assigned
Florida document number L18000166969		and assigned
This amendment is submitted to amend the followir	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
BALL HOUSE AND COTTAGES, LLC	·	
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A.	DDBEGG	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	เก	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our address here:	records, enter the name of the nev
_		
New Registered Office Address:	Enter Florida su	wat oddwar
-	City	, Florida Zip Code
New Registered Agent's Signature, if changing Regist	·	ng Cou
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	ent and agree to act in this capace and complete performance of my and agent as provided for in Chaptetered office address. I hereby contacts	uties, and I am familiar with and

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
			Add
			☐ Remove
			Change
			Remove
			Change
			Remove
			
			□ Remove
			Change
			Remove
			Change
			
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces,	sary.)		
		—	
	<u> </u>		
			
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(If an effective date, if other than the date of filing: (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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this day document's effective date on the Department of State's records.	ing.) Pursuant to 6 ate will not be l	isted as	the
f the record specifies a delayed effective date, but not an effective time, at $12:01\ a.m$ b) The 90th day after the record is filed.	1. on the ear	flier of	;
Dated AUGUST 23 2018			
a de li			
Signature of a member or authorized representative of a member	256	2018	
DANIEL E. MANAUSA	1 kg, 2 = 234 32 FM	NA B	
Typed or printed name of signee	77.7	323	-
Page 3 of 3	COF STA	AH IO:	[7]
Filing Fee: \$25.00	3	Ē	