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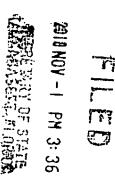
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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		Hammock Bay LLC		
SOBJECT.	· · ·	Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	i all correspo	indence concerning this matter	to the following:	
		Trish Dalton		
			Name of Person	
		The Jay Odom Group LLC		
			Firm/Company	
		P.O. Box 1735		
			Address	
		Destin, FL 32540		
			City/State and Zip Code	
		caldrich@thejayodomgroup		
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation c	oncerning this matter, please ca	all:	
Trish Daltor	n		850 460-8843	
	Name o	f Person	at ()	Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	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:

TO:

Registration Section

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

Lattitude at Hammock Bay LLC		
(Name of the Limited	I Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on 08/08/2018	and assigned
Florida document number 1.18000189966	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
Latitude at Hammock Bay LLC		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>O</u> X)	
		E B
B. If amending the registered agent and/or	r registered office address on our records,	enter the name of the nev
registered agent and/or the new registered offi	ce address here:	\$ 0 M
		1
Name of New Registered Agent:		<u> </u>
		.6° to
New Registered Office Address:	Enter Florida street address	
		A. O.
	, Flori	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, <u>enter the title, name, and address of each person</u> <u>being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** _□ Add _□ Remove _□ Change _□ Add ☐ Remove _□ Change \mathbf{m} □ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change

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