KISCCO203455

| | - | |
|-------------------------|-------------------|-----------|
| (Ke | questor's Name) | |
| (Ad | dress) | |
| | · | |
| (Ad | dress) | |
| | _ | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| , | _ | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | _ | |
| L26000124 | · 164 | |

Office Use Only



500383756505

03/21/22--01015--028 **55.00

2022 MAY 16 AM 6: 29
SECRETARY OF STATE

A. BUTLER MAY 2 4 2022

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| | KES OF COCOA PHASE 4 | LLC | | |
|-------------------------------------|--|--|---------------------|--|
| SUBJECT: | Name of Limi | ted Liability Company | | |
| The enclosed Articles of A | mendment and fee(s) are subi | nitted for filing. | | |
| Please return all correspond | dence concerning this matter t | to the following: | | |
| | Michael E. Dujovne, Esq. | | | |
| | | Name of Person | | |
| | Volk Law Offices, P.A. | | | |
| | | Firm/Company | | · · · · · · · · · · · · · · · · · · · |
| | 1901 S. Harbor City Blvd., | Suite 700 | | |
| | | Address | | |
| | Melbourne, FL 32901 | | | |
| | | City/State and Zip Code | | |
| | mdujovne@volklawoffices.c | | | |
| | E-mail address: (t | o be used for future annual | report notification | on) |
| For further information cor | ncerning this matter, please ca | ill: | | |
| Michael E. Dujovne. Esq. | | | 6-8338 | |
| Name of I | Person | at () Area Code | Daytime Tek | ephone Number |
| Enclosed is a check for the | following amount: | | | |
| © \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee of Certified Copy (additional copy is enc | | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Sc | ection | | ation Section | |
| Division of Co | rporations | Division | n of Corpora | ations |

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

FOREST LAKES OF COCOA PHASE 4 LLC

2022 MAY 16 AM 6: 29

| | <u> </u> |
|---|---|
| (A Florida Limite (A Florida Limite | and Liability Company) |
| | mpany as it now appears on our records. TALLAHASSEE, FL. 08/24/2018 |
| The Articles of Organization for this Limited Liability Compa | any were filed on 08/24/2018 and assigned |
| Florida document number 1.18000203485 | |
| This amendment is submitted to amend the following: | |
| This amendment is satirface to affected the following. | |
| A. If amending name, enter the new name of the limited li | iability company here: |
| 32926 RMW LLC | |
| The new name must be distinguishable and contain the words "Limited Li | iability 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) | |
| | |
| | |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | ce address on our records, <u>enter the name of the new registere</u> |
| agent and/or the new registered office address here. | |
| N. C. | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | Florida |
| | , Florida |
| New Registered Agent's Signature, if changing Registered Age | nt: |
| provisions of all statutes relative to the proper and comple | as provided for in Chapter 605, F.S. 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 |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--------------|----------------|
| | | | □Add |
| | | | |
| | | | ☐ Change |
| | | | □Add |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | ☐Change |
| | | | □Add |
| | | | Remove |
| | | | ☐ Change |
| | | | ÜAdd |
| | | | □Remove |
| | | | ☐ Change |
| | | | |
| | | | □Remove |
| | | | □ Change |

| _ | |
|---------------------|---|
| _ | |
| | |
| _ | |
| _ | |
| | |
| | |
| | |
| | |
| _ | |
| | |
| | |
| _ | |
| | |
| | |
| _ | |
| | |
| | |
| | |
| - | |
| _ | |
| | |
| ffectiv | e date, if other than the date of filing: (optional) |
| iote: II | tive 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 605.020 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a |
| ocume | nt's effective date on the Department of State's records. |
| | |
| record Lis filed | 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 |
| | |
| ated | 5/10/22 |
| | () $() $ $()$ $()$ $()$ $()$ $()$ |
| | |
| | Signature of a member or supported representative of a member |

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2022 MAY 16 PM 2: 16

SECHERALASSEERFL

April 5, 2022

MICHAEL E. DUJOVNE, ESQ. 1901 S. HARBOR CITY BLVD. SUITE 700 MELBOURNER, FL 32901

SUBJECT: FOREST LAKES OF COCOA PHASE 4 LLC

Ref. Number: L18000203485

We have received your document for FOREST LAKES OF COCOA PHASE 4 LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 522A00007839