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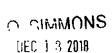
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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### **COVER LETTER**

TO: Registration Sec Division of Corp		•	
SUBJECT: Blidge	ehaypton Estato Name of Lim	S HOMEOWNESS ASSOCIATED LIABILITY Company	iation LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Norman	Themas Name of Person	
	Bridgehampton	Fstates Homeowners As	ociation.LLC
	100 Federal Hw	y, Suite B	
	Lake Pack,	FL 33463 City/State and Zip Code	<del> </del>
	E-mail address: (	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
		at (561) 309 -	
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e 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

Blidgehaupton Estates Homeowners Association 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 Liability Con	inany were filed on	9/17/18	and assigned
	ipany were med on		and assigned
Florida document number <u>L18000221173</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company h	ere:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the c	lesignation "LLC" or the a	bbreviation "L.L.C."
F-4 if some includes			毒
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		<u> </u>
			· · · · · · · · · · · · · · · · · · ·
Page 1 - Page 11 - Page 11			
Enter new mailing address, if applicable:	<del></del>		7
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floi	rida street address	
		, Florida	
<del></del>	City	, FIOTIGA	Zip Code
Now Degistered Agent's Signature if changing Degistered A			-

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>	Address	Type of Action
MGR_	Chris Heine		
			<b>™</b> Remove
			☐ Change
MGR	Norman Thomas		Add
			☐ Remove
			☐ Change
	<del></del>		
			ිට □ Remove
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	Fil
	27
	<del>_</del>
ective date, if other than the date of filing:  a effective date is listed, the date must be specific and cannot be prior to date of filing or more tee. If the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.	
millen a enterine due on the population of dute 3 records,	
record specifies a delayed effective date, but not an effective time	e, at 12:01 a.m. on the earlier o
record specifies a delayed effective date, but not an effective time he 90th day after the record is filed.	
record specifies a delayed effective date, but not an effective time the 90th day after the record is filed.  ed December 3 . 2018  Signature of a member or authorized representative of a Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00