L18000222837

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): **Registration Section Division of Corporations**

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OSTERGAARD ASSOCIATES, LLC JBJECT: _____

Name of Limited Liability Company

he enclosed Articles of Amendment and fee(s) are submitted for filing.

lease return all correspondence concerning this matter to the following:

JON MARSHALL ODEN, ESQ.

		Name of Person		-	
	WILLIS & ODEN, PL				
		Firm/Company		-	
	2121 S. HIAWASSEE RD			202	
		Address		2021 JAN 1	
	ORLANDO, FL 32835		:	12	(0.888)
	JODEN@WILLISODEN.C	City/State and Zip Code OM		PH	
	-	to be used for future annual report notif	fication)	2:06 STATE F.FL	-
For further information c	oncerning this matter, please c N, ESQ.	all: 407 222-0333		' ni or	
Name o	t Person	at () Area Code Daytime	e Telephone Numbe	r	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
Mailing Addres	<u>is:</u> -	Street Address:			

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

Registration Section Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OSTERGAARD ASSOCIATES, LLC

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

he Articles of Organization for this Limited Liability Company were filed on 09/19/2018	and assigned
lorida document number L18000222837	

'his amendment is submitted to amend the following:

v. If amending name, enter the new name of the limited liability company here:

HOLMES GAARD, LLC

'he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

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 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.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added removed from our records:

!GR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
1GR	MICHAEL HOLMES	537 SPRUCE DR.	🖬 Add
		LADY LAKE, FL 32159	🗆 Remove
<u> </u>			🗆 Add
		·	🗆 Remove
		······································	Change
			Change Change Change Add Change
			P Remove
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		<u></u>	□Change
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			🗆 Remove

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. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______ (optional)

(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.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

ANUARY 8.	2021
$\left(\right)$	
	Signature of a member or authorized representative of a member
	ALL ODEN, ESQ. (CORPORATE COUNSEL/AUTHORIZED REP. OF MEMBER)