

L18000226413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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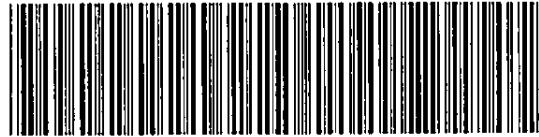
(Business Entity Name)

(Document Number)

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2023 APR 25 PM 12:36

CLERK OF STATE
TALLAHASSEE, FL

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CLERK OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 04/25/2023
Acc#I20160000072

en: c DW

Name:	VILLAGES II DEVELOPERS, LLC
Document #:	
Order #:	14901556

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
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Amount: \$ **55.00**

Thank you!

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

VILLAGES II DEVELOPERS, LLC

2023 APR 25 PM 12:36

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

(A Florida Limited Liability Company)

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on September 24, 2018 and assigned
Florida document number L18000226913.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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.

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>	<u>Address</u>	<u>Type of Action</u>
Manager	Oliver L. Gross	8500 NW 25 Avenue	<input type="checkbox"/> Add
		Miami, FL 33147	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Keith A. Franklin	8500 NW 25 Avenue	<input type="checkbox"/> Add
		Miami, FL 33147	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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)

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.

2023

Signature of a member or authorized representative of a member

OLIVER L. GROSS

Typed or printed name of signee

Filing Fee: \$25.00