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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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COVER LETTER

| | egistration Sec ivision of Corp | | • | | |
|-------------|------------------------------------|--|--|---|--|
| CUDICCT | HL BONITA | LLC | | | |
| SUBJECT | · | Name of Lim | ited Liability Company | | |
| The enclose | ed Articles of A | amendment and fee(s) are sub | mitted for filing. | | |
| Please retu | rn all correspon | dence concerning this matter | to the following: | | |
| | | Holly Moody | | | |
| | | | Name of Person | | |
| | | Holly Eakin Moody, P.A. | | | |
| | Firm/Company | | | | |
| | | | | | |
| | | | Address | | |
| | Ft. Lauderdale, FL 33306 | | | | |
| | | holly@hollyeakinmoody.co | City/State and Zip Code | | |
| | | E-mail address: (| to be used for future annual report notification) | | |
| For further | information co | ncerning this matter, please ca | all: | | |
| Holly Moo | ody | | 954 566-7417 at () | | |
| | Name of | Person | Area Code Daytime Telephone I | Number 31 23 | |
| Enclosed is | s a check for the | e following amount: | | | |
| \$25.00 | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | Certified Copy Co (additional copy is enclosed) Co | 0.00 Filing Fee. ertificate of Status & ertified Copy dditional 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

| HL BONITA LLC | | | |
|--|---|----------------|-------------|
| (<u>Name of the Limited Liab</u> (A Flori | ility Company as it now appears on our records.) da Limited Liability Company) | | |
| The Articles of Organization for this Limited Liability | Company were filed on 10/08/2018 | and as | signed |
| Florida document number L18000238530 | · | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lir | nited liability company here: | | |
| Hidden Lakes of Bonita Springs, LLC | | | |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the designation "LLC" or the a | bbreviation "L | .L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | ORESS) | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad | | the name | 3 |
| No. ON D. L. LA | | 2 | |
| Name of New Registered Agent: | - | | |
| New Registered Office Address: | | | - <u>i</u> |
| | Enter Florida street address | | |
| | , Florida | <u> </u> | |
| | 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> | Address | Type of Action |
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| offective date, if other than the date of filing: | (opinozzi) | 05 0307 (3 |
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Typed or printed name of signee

Filing Fee: \$25.00