

8/7/2020 Division of Corporations Florida Department of StateDivision of CorporationsElectronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

josea@agi-ra.com

2020 AUG -7 PM 2:19

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MANA POKE PLANTATION WALK, LLC**

Certificate of Status	0
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Page Count	01
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Electronic Filing Menu

Corporate Filing Menu

Y. SULKER

1-800-352-2220

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(((H2000026829

MANA POKE PLANTATION, 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 Company were filed on October 9, 2018 and assign
Florida document number L18000239215.

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)

701Promenade Drive

Suite 202

Pembroke Pines, Florida 33026

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

701Promenade Drive

Suite 202

Pembroke Pines, Florida 33026

B. If amending the registered agent and/or registered office address on our records, enter the name of the new 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

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

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Evon Gordon	701 Promenade Drive	☒ Add
		Suite 202	☐ Remove
		Pembroke Pines, Florida 33026	☐ Change
MGR	Dave Pitter	701 Promenade Drive	☐ Add
		Suite 202	☐ Remove
		Pembroke Pines, Florida 33026	☒ Change
MGR	Adrian Laidlaw	701 Promenade Drive	☒ Add
		Suite 202	☐ Remove
		Pembroke Pines, Florida 33026	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

(((H2000002

[The page contains faint horizontal lines, suggesting it was part of a lined document or notebook.]

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 605.1

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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

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