L18000262178

(R	equestor's Name))
(A	ddress)	_
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(C	ity/State/Zip/Phon	ne #)
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(B	usiness Entity Na	me)
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D SCOTT

JUN - 8 2019

COVER LETTER

TO:

TO:	Registration Se Division of Cor			
erm le		AS OF PONCE DE LEON, LLC		
SUBJE	.C1:	Name of Limited	J Liability Company	
The end	closed Articles of	Amendment and fee(s) are submit	tted for filing.	. ^3
Please	return all correspo	ndence concerning this matter to	the following:	:
		Robert A Thomas		
		THE VILLAS OF PONCE D	Name of Person E LEON, LLC	· · · · · · · · · · · · · · · · · · ·
		PO Box 56755 Jacksonville, FL 32241	Firm/Company	
		JACKSONVILLE, FL 32257	Address	<u> </u>
		robert@payrollsolutionsquotes		
For fur	ther information c	E-mail address: (to be oncerning this matter, please call:	be used for future annual report notif	ication)
	A. Thomas	.,	904 718-9005	
	Name o	f Person		: Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$ 25	5.00 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)
	Registr Divisio P.O. Bo	ation Section n of Corporations ox 6327 assee, Fl. 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n utions nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE VILLAS OF PONCE DE LEON, LEC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on 11/08/2018	and assigned
Florida document number L18000262178		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	7%5 2 1
MILL CREEK PLAZA II, LLC		
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u> </u>	
		ra'
20 11 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	PO Box 56755	
Enter new mailing address, if applicable:	JACKSONVILLE, FL 32241	
(Mailing address MAY BE A POST OFFICE BOX)	V. (0.17. 1.13. 1.13. 1.13. 1.13. 1.13. 1.13. 1.13. 1.13. 1.13. 1.13. 1.13. 1.13. 1.13. 1.13. 1.13. 1.13. 1.13	
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 an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and I an nt as provided for in Chapter 605, F.S. O office address, I hereby confirm that the	n familiar with and r, if this document is limited liability
	If Changing Registered Agent, Signature of New	Registered Agent
	Page 1 of 3	

<u>or removed</u>	from our records:		
MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	James M. O'Nan	9393 MILL SPRINGS DRIVE JACKSONVILLE, FL 32257	= Add
			☐ Remove
			□ Add
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menuing any other miorina	inon, enter change(s) here. (A	ttach additional sheets, if nece	ssary.)
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ffective date, if other than the	May 20, 2019 date of filing:	(optio	nal)
an effective date is listed, the date mus	st be specific and cannot be prior to dat- lock does not meet the applicable s	e of filing or more than 90 days after.	filing.) Pursuant to 605.
e record specifies a delayed The 90th day after the rec	d effective date, but not an ord is filed.	effective time, at 12:01 a	.m. on the earlie
May 20	2019		
	Count Thomas Signature of a member or authorized		
	Character of a second second	renresentative of a member	
	Signature of a member of aumorized	To be a market	

Page 3 of 3

Filing Fee: \$25.00