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(((H19000049728 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: ELLISON LAZENBY PLLC Account Name

Account Number : I20150000059 Phone

: (727)362-6151

: (727)362-6131 Fax Number

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

Email	Address:						
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VILLAGE PARK REI, LLC

Certificate of Status	0
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Page Count	04
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

VILLAGE PARK REI, LLC				
(Name of the Limited Liab (A Fiori	Illty Company as it now appeared Limited Liability Company)	ers on our records.)		•
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	January 22, 2019	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liablilty company h	<u>iere</u> :		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the	designation "LLC" or the ab	obreviation "L.L.C."	_
Enter new principal offices address, if applicable:	<u> </u>		<u> </u>	
(Principal office address MUST BE A STREET ADI	DRESS)		- 9	
Enter new mailing address, if applicable:			2 PH I:	
(Mailing address MAY BE A POST OFFICE BOX)			- - 00	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		n our records, enter	the name of the	e new
Name of New Registered Agent:				_
New Registered Office Address:	Enter Fla	orida 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H190000497283

MGR - Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Heatherland Homes, LLC	PO BOX 7598	
		ST. PETERSBURG, FL 33734	
			☐ Change
MGR_	BLAKE REM, LLC	262 4TH AVENUE NORTH	Ø Add
		ST. PETERSBURG, FL 33701	□ Remove
			☐ Change
			D Add
			Remove
			☐ Change
			
			☐ Remove
			Change
			□ Add
			□ Remové
			☐ Change
			□ Add
			Remove

To:

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00