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COVER LETTER

SUBJECT:	SH Ashford Court, I		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Mark 1	ſ. Haney	
		Name of Person	
	Haney H	Holloway, PLLC	
		Firm Company	
	1656 Me	etropolitan Circle	
		Address	
	Tallaha	assee, FL 32308	
	-	City State and Zip Code	
	mark@ha	aneyholloway.com to be used for future annual report note	6 1
for further information	concerning this matter, please or		
Patty Pizzuto		at (_850)765-101	4
Name	of Person	Area Code Daytim	e Telephone Number
inclosed is a check for	the following amount:		
\$25.00 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

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

SH ASH	FORD COURT, LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	and assigned	
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SH MARS	H LANDING, LLC	
The new name must be distinguishable and contain the words "Limited I	Liability Company." the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		AH AND THE
Enter new mailing address, if applicable:		27
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		중취 55
B. If amending the registered agent and/or registere		
registered agent and/or the new registered office address	<u>nere</u> ;	
Name of New Decision of Assess		
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street acklress	
 	, Flori	
	Chy	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 add or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action <u>Title</u> <u>Name</u> Address _ 🗆 Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add

-	☐ Remove
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	□ Remove
	☐ Change
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in effective date is listed o <mark>fe:</mark> If the date inser	ter than the date of fi d, the date must be specific rted in this block does n date on the Department	e and cannot be prior to not meet the applica	to date of filing or more th	(optiona non 90 days after filin purements, this day	g.) Pursuant to 605 0
	s a delayed effectiv ter the record is file		t an effective time	, at 12:01 a.m	. on the earlier
ated <u>Fabrue</u>	ary 21	2019 15	nized representative of a	niember	
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Page 3 of 3

Filing Fee: \$25.00