L19000045104

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900331215439

06/24/19--01005--005 **50.00

19 JUN 24 RM 1: 84

TOP STATE AND STATES

2019 JUN 24 AM 10: 59

APPED APPENDED

T GLASS

JUN 25 2019

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ΓPL-LAND-SUB, LLC	
<u> </u>	2
	Art of Inc. File
	Art of Inc. File LTD Partnership File Foreign Corp. File
	Foreign Corp. File 2
	★ L.C. File
	L.C. File
	Trade/Service Mark 5
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
•	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Name Date Time	UCC II Retrieval
Walk-In Will Pick Up	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TPL-LAND-SUB, LLC		
(Name of the Limited Liabili (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on February 21, 2019 and assign	ned
The Articles of Organization for this Limited Liability Company were filed on February 21, 2019 and assigned Florida document number		
A. If amending name, enter the new name of the lim	ndment is submitted to amend the following: ending name, enter the new name of the limited liability company here: me must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation." LLC." w principal offices address, if applicable: I office address MUST BE A STREET ADDRESS) w mailing address, if applicable: address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the name of the new depend agent and/or the new registered office address here: Name of New Registered Agent:	
	201	
The new name must be distinguishable and contain the words "Lin		C." = 2;
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·	
	· · · · · · · · · · · · · · · · · · ·	the nev
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
-	, Florida	
	Ciru 7in 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>	Name	Address	Type of Action
AMBR	CMPROP Land Investments, LLC	4954 Royal Gulf Circle Fort Myers, FL 33966	B Add
			☐ Remove
			□ Remove
			□∰hange
			JUL PAND FILE
			Remove
			□ (Hange
			□ Add
			: □ Remove
			Change
			Add
			Remove
		<u> </u>	Change
			□ Remove

						_
						_
ALS.						_
						_
			····			
-			<u>-</u>			-
						_
					٠. ٢	- .s
		-			. ` -`,	ਹ - =
						<u> </u>
				·		רדי
						5
					: 0) -
						_
						_
Note: If the date	f other than the date s listed, the date must be s inserted in this block of tive date on the Depart	does not meet the app	dicable statutory fil	(option or than 90 days after ing requirements, this	onal) filing.) Pursuant to 6 s date will not be li	05.0207 (sted as t
The 90th da	cifies a delayed eff y after the record		not an effective	time, at 12:01 a	a.m. on the ear	lier of
Dated 6/	24/19		··	٥		
		1/1	Aulhorial	\ Rep		
	Sign	ature of a member or a	utnortzea representati	ve of a member		

Page 3 of 3

Filing Fee: \$25.00