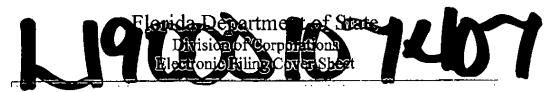
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HOLDING COMPANY OF THE VILLAGES, INCA

Account Number : I20180000040

Phone Fax Number : (352)753-6270 : (352)753-6279

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

Email Address: legalnotices@thevillages.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DS TRANSFER COMPANY, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$55.00 |

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SEP 24 2019

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Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DS TRANSFER COMPANY, LLC (Name of the Limited Liability Company as it now appear | on our records.) |
|--|---|
| (Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Liability Company were filed on Articles of Organization for this Liability Company were filed on Articles of Organization for this Liability Company were filed on Articles of Organization for this Liability Company were filed on Articles of Organization for this Articles of Organization for Organization for this Articles of Organization for this Articles of Organization for Organization for this Articles of Organization for this Articles of Organization for | ril 19, 2019 and assigned |
| Florida document inimber | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company he | re: |
| | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the d | signation "LLC" or the abbreviation LLC." |
| Enter new principal offices address, if applicable: | <u> </u> |
| (Principal office address MUST BE A STREET ADDRESS) | |
| , | |
| Enter new mailing address, if applicable: | ယ္ |
| (Mailing address MAY BE A POST OFFICE BOX) | . |
| | |
| B. If amending the registered agent and/or registered office address on | our records, enter the name of the new |
| registered agent and/or the new registered office address here: | , |
| | • |
| Name of New Registered Agent: | |
| New Registered Office Address: | da straes address |
| Enter Piol | ६० उपमच कामहाऽ |
| City | , Florida |

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:

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MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-------------------|--|--|
| MGR | FEC SERVICES, LLC | 1900 NW Corporate Blvd., Suite 201B, Boca Raton, FL 33431 | ■ Add |
| | | | Ramove |
| | | | Change |
| MGR | FENTON, JAMES P. | P.O. Box 658 Floral City, FL 34436 | □ Add |
| | | | E Remove |
| • | | | ☐ Change |
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| | Roger M. Pomen | - • | | • | | | | | |
|---------------------|--|------------------------------------|---|--------------------------|----------------|--------------|-----------------|------------------|----|
| | Kn | Signature | of a member or | Pu | ntative of a r | nember | | | |
| Dated _ | cptember 23 | 7) | 2019 | | | | | | |
| he reco The 9 | rd specifies a de Oth day after th | layed effective record is file | e date, but ed. | not an effec | tive time, | , at 12:01 · | a.m. on the | e earlier of: | |
| Note: If documen | e date, if other that tive date is listed, the d the date inserted in t's effective date on | this block does not the Department | ling: and cannot be p of meet the ap of State's reco | plicable stantor rds. | y nung req | nrements, th | R CORIC WILL HO | , po iisibu as (| ne |
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