

Florida Department of State
 Division of Corporations
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L190000125948

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Division of Corporations
 Fax Number : (850)617-6383

From:

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 Account Number : I20000000003
 Phone : (407)841-4141
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Email Address: Sjohnson@moran-kidd.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 145 WEKIVA, LLC**

| | |
|-----------------------|---------|
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JAN 23 2023
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

145 WEKIVA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/09/2019 and assigned Florida document number L19000125948.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

2617 CARTER GROVE CIRCLE

WINTERMERE, FL 34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2617 CARTER GROVE CIRCLE

WINTERMERE, FL 34786

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:

PHILIPPE VILLAIN

New Registered Office Address:

2617 CARTER GROVE CIRCLE

Enter Florida street address

WINTERMERE

, Florida

City

34786

Zip Code

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AND
CLERK

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

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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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|--|---|
| MGR | KEVIN J. O'DONNELL | 91 OAKLEIGH LANE MAITLAND, FL 32751 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change |
| MGR | PHILIPPE VILLAIN | 2617 CARTER GROVE CIRCLE WINDERMERE, FL 34786 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. **Effective date, if other than the date of filing:** _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 30, 2022

~~Signature of a member or authorized representative of a member~~

Typed or printed name of sender