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#### **COVER LETTER**

	egistration Se ivision of Cor			
eunuca		nterfront LLC		
SUBJEC, I	``:		ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspo	ndence concerning this matter	to the following:	
		Robert Vilardo		
		<del></del>	Name of Person	
		Carolyn Waterfront LLC		
Firm/Company				
		75 Bayou Manor Road		
			Address	
		Santa Rosa Beach, FL 324.	59	
			City/State and Zip Code	<del></del>
		robertjvilardo1@gmail.com		
		E-mail address: (1	to be used for future annual report noti.	fication)
For further	information co	oncerning this matter, please co	all:	
Robert Vil			at () 602-5689 Area Code Daytime	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	s a check for th	e following amount:		
\$25.00	Filing Fee	S30.00 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

Carolyn Waterfront 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.  Florida document number L19000212770	pany were filed on 08/20/2019	and assigned
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 I	.iability 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	5)	19
		SE TI
		75 N T
Enter new mailing address, if applicable:		on (
(Mailing address MAY BE A POST OFFICE BOX)		
(Madang unaress MAT DE AT 051 OFFICE DOA)		<u> </u>
		5 0
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	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

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>	Address	Type of Action
AMBR	Cider Mill Properties, LLC	221 Scenic Gulf Drive #1250. Miramar Beach, FL 32550	Add
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Effective date, if other than the offerive date is listed, the date must <b>Note:</b> If the date inserted in this blo document's effective date on the De	be specific and cannot be ck does not meet the	applicable statute	ry filing requireme	<b>(optional)</b> lays after filing.) Pure ents, this date will	suant to 60: not be list	5.0207 ( ed as t
ne record specifies a delayed The 90th day after the reco	effective date, b rd is filed.	ut not an effe	ctive time, at 1	2:01 a.m. on t	he earli	er of:
Dated Sept. 24	2019	·				
Robert J Vila	rdo	=-				

Page 3 of 3

Filing Fee: \$25.00