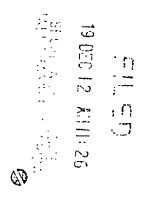
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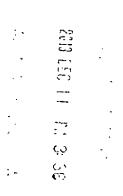
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DEC 1 3 2011 T SCHROEDER

CAPITAL CONNECTION, INC.

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

Pilar's Harbour Villas,	LLC			
				
· · · · · · · · · · · · · · · · · · ·				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
		:		Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cen. 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
5.g				Vehicle Search
				Driving Record
Requested by: SETH	12/11/19			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Nullic	Date	11110		UCC 11 Retrieval
Walk-In GA \$100	Will Pick Up			Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Cove at Apollo Beach, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records Limited Liability Company)	3
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/05/2019	and assigned
Plorida document number L19000265337	···	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
Pilar's Harbour Villas, LLC		-:
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC"	or the abbreviation "LCL.C."
Cuter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	<u> </u>	72 72
		>- Ti
		三三フ
nter new mailing address, if applicable:		2 ~
Mailing address MAY BE A POST OFFICE BOX)		12
		
. If amending the registered agent and/or registered office address here:	office address on our records, <u>enter th</u>	ie name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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>	<u>Address</u>	Type of Action
			□Add
			□Remove
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		····	DAAD T
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Filing Fee: \$25.00