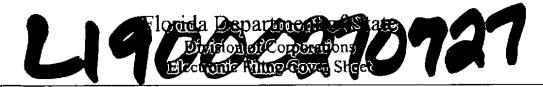
7/8/2020



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.

(((H20000214789 3)))



H200002147893ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONROY, CONROY & DURANT, P.A.

Account Number : I20190000025 Phone : (239)649-5200 Fax Number : (239)649-8140

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

Email.	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 582 PINE GROVE LANE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Collin Help

JUL 0 9 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2020 JU = 3 Pil 2: 25

582 Pinc Grove Lane, LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability of Florida document number L19000270727	Company were filed on November	12, 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	oited liability company here:	
28685 Montecristo Loop, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	in "LLC" or the abbreviation "L.L.C."
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)		
 If amending the registered agent and/or registered gent and/or the new registered office address here: 	ed office address on our records,	enter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · ·
	Enter Florida street	t address
		, Florida
	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

PAGE 03/04

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		((() (529 na	(((H200 W214789 3)))	
<u>Title</u>	Name	2529 JUL - 9 FII 2: 26 Address	Type of Action	
			🗆 Add	
			□Remove	
			Change	
			□Add	
			□ Remove	
			□Change	
		-	□Add	
			Remove	
			Change	
			□ Add	
			□Remove	
			□ Change	
			□Add	
			©Remove	
			□Change	
			DAdd	
			□Remove	
		(((H2000	☐Change 0214789 3)))	

	(((H20000214789 3)))
D. If amending any ofte	er information, enter change(s) bere: (Attach additional sheets, (f necessary)
E. Effective date, if other (If an effective date is listed, if Note: If the date inserted document's effective date	than the date of filing: o date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Xb in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
If the record specifies a delayer record is filed.	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated July 8-1	MA nece
Kathy Bigham,	Signature of a member or authorized representative of a member
comy Digiting	Typed or printed name of signee

Filing Fee: \$25.00