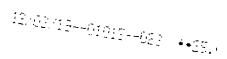
## L19000 276 065

(Re	equestor's Name)	•
(Ac	ddress)	
(Ac	idress)	
(Či	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

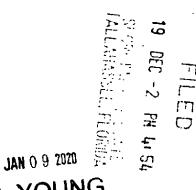
Office Use Only



000337427760



13.503.13--01019--029 ★**-**33.00



S. YOUNG

## **COVER LETTER**

SURIFCT:	The Heritag		Debt Fund, LLC	
sobster.			ited Liability Company	
The encloses	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
	The Heritage at Forest Acres Mezzanine Debt Fund, LLC  Name of Limited Liability Company  e enclosed Articles of Amendment and fee(s) are submitted for filing.  sase return all correspondence concerning this matter to the following:  Paula Barnett  Name of Person  PinoNicholson, PLLC  Firm/Company  99 S. New York Ave.  Address  Winter Park, FL 32789  City/State and Zip Code pbarnett@pinonicholsonlaw.com  E-mail address: (to be used for future annual report notification)  r further information concerning this matter, please call:			
			Name of Limited Liability Company  ment and fee(s) are submitted for filing.  concerning this matter to the following:  la Barnett  Name of Person  Solicholson, PLLC  Firm/Company  Solicholson, PLLC  Address  ner Park, FL 32789  City/State and Zip Code  nett@pinonicholsonlaw.com  E-mail address: (to be used for future annual report notification)  ong this matter, please call:  at (407	
	Division of Corporations  The Heritage at Forest Acres Mezzanine Debt Fund, LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing, use return all correspondence concerning this matter to the following:  Paula Barnett  Name of Person  PinoNicholson, PLLC  Firm/Company  99 S. New York Ave.  Address  Winter Park, FL 32789  City/State and Zip Code  pbarnett@pinonicholsonlaw.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call: that Barnett  Area Code  Name of Person  Area Code  Daytime Telephone Number  losed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certificate of Status  Certificate of Status			
			Firm/Company	
		99 S. New York Ave.		
			Address	<del> </del>
		Winter Park, FL 32789		
			City/State and Zip Code	
Division Tile SUBJECT: The enclosed Ar Please return all Paula Barnett Enclosed is a ch		pbarnett@pinonicholsonlaw	com.	
		E-mail address: (t	o be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	dl:	
Paula Barne	tt		407 956-4245	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
■ \$25.00 F	Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

The Heritage at Forest Acres Mezzanine Debt Fund, 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 November 5, 2019 Florida document number  $\frac{1.19000276065}{}$ 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 "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Enter Florida street address , Florida Cuv

## 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
MGR	Heritage@Forest Acres Mezz. Debt Fund, LLC	99 S. New York Ave. Winter Park, FL 32789	
			■ Remove
			☐ Change
MGR	The Heritage at Forest Acres Mezzanine Debt Fund Manager, LLC	99 S. New York Ave. Winter Park, FL 32789	Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
	<del></del>	□ Change	
			□ Add
		☐ Remove	
		<del></del>	Change
			□ Add
			□ Remove
			☐ Change

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
_	· · · · · · · · · · · · · · · · · · ·	
_		
_		
_		
_		
_		
<del>-</del>		
-		
_		
-		
_		
_		
(If an eff Note:	ive date, if other than the date of filing:	207 (3)( as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	November,22 2019	
	Fignature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00