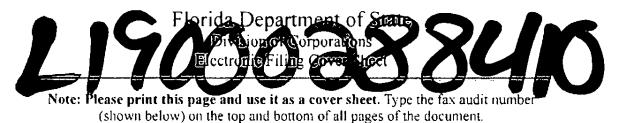
12/16/2019

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter	the	email	address	for	this	busine	SS	entity	to	be	used	for	future	:
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 77 PONTE VEDRA BLVD, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO

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ARTICLES OF 'O		
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77 PONTE VED	RA BLVD, LLC	
		· · · · · · · · · · · · · · · · · · ·
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on December 6, 2019	and assigned
Florida document number 1.19000288410		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "FLC" or the t	bbreviation "L.L.C."
Vator non-principal offices address if applicables	- E	; '
Enter new principal offices address, if applicable:		- CEMPAGE
Principal office address MUST BE A STREET ADDRESS)		F-7-7-20
	83 <b>-</b>	
	Te	T
Enter new mailing address, if applicable:	<u>Q</u>	
Mailing address MAY BE A POST OFFICE BOX	ପିଲି ହା	
		***************************************
	at.	
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Cones 1 no war prest analysis	
	, 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

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
MGR	Cynthia C. Ware	11710 Central Parkway, Jacksonville, FL 32224	Add
			☐ Remove
			□ Change
MGR	Christopher W. Ware	11710 Central Parkway Jacksonville, FL 32224	
			Remove
			☐ Change
MGR	Cynthia C. Ware as Trustee of the Cynthia C. Ware Revocable Trust	11710 Central Parkway Jacksonville, FL 32224	
			≅ Remove
			□ Change
MGR	Christopher W. Ware as Trustee of the Christopher W. Ware	11710 Central Parkway Jacksonville, FL 32224	
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			□ Change
<del></del>			
			☐ Remove
			□ Change
<del></del>			Add
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Effective date, if other than the date of filing:  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 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.  The effective date and effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  December  2019  Wignature of a member or authorized representative of a member			*
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Lisa O Taylor, Authorized Representative of Member	•	Agnature of a member or authorized representative of a member	
	Lisa O Taylor, Authori	zed Representative of Member	

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