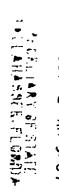
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COVER LETTER

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TO:

T(): Registration Se Division of Cor					
Vintage Oa	ks LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The applosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
	ondence concerning this matter				
	Janie Pacetti				
		Name of Person		•	
	Vintage Oaks LLC				
		Firm/Company		-	
	5960 Sweet Moody Rd			2020 OCT -2	
		Address		OCT	7
	Green Cove Springs, FL 3.	2043		-2 • R1	,
	, , , , , , , , , , , , , , , , , , , ,	City/State and Zip Code	,	<u> </u>	Ù.
	vintageoaks3(ā)gmail.com	to be used for future annual report notif	· · · · · · · · · · · · · · · · · · ·	AM 9: 07	<u> </u>
For further information of	E-mail address: (concerning this matter, please c		ication)	07	
Janie Pacetti		904 669-9471			
Name	of Person	at () Area Code Daytime	Telephone Number	r	
linelosed is a check for t	the following amount:				
T \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
Mailing Addre		Street Address: Registration Sec	rtion		
Registration Division of 0		Division of Cor	porations		
P.O. Box 63 Tallahassee,		The Centre of T 2415 N. Monro		810	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vintage Oaks				
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now uppears on our records, liability Company))		
The Articles of Organization for this Limited Liability Company Florida document number L20000010822	were filed on January 03, 2020	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Vintage Oaks LLC				
Vintage Oaks LLC The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5960 Sweet Moody Rd			
(Principal office address MUST BE A STREET ADDRESS)	Green Cove Springs, FL 32043			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u> t	he name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Flo	rida		
	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
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			□Change
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		ting it Vintage Oaks LLC.		

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effective date is listed, the date must be	e specific and cannot be prior to date of k does not meet the applicable state	filing or more than 90 days after film story filing requirements, this da	ng.) Pursua te will no	nt to 605.02 t-be listed
ument's effective date on the Depa	artment of State's records.			
cord specifies a delayed effective of	date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b)	The 90th o	day after th
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Filing Fee: \$25.00