7/15/2021

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H210002719933)))



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:

: COURT ACCESS CENTERS OF AMERICA Account Name

Account Number : 075350000541 Phone

: (813)875-1333

Fax Number

: (813)200-1050

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

RenbargerDenise@att.net

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AUTUMNBROOK PROPERTIES LLC

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

JUL 1 6 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

Ta: 18506176383

Page: 2 of 4

From: John Gurba

## DocuSign Envelope ID: 57134EF6-0255-4116-BBA7-8D8AEE625F3E ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

Audit# H21000271993

AUTUMNBROOK PROP	
( <u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company
The Articles of Organization for this Limited Liability Company were formed document number 1.20000012205	
This amendment is submitted to amend the following:	2.0 2.0
A. If amending name, enter the new name of the limited liability of	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con-	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3 77
(Principal office address MUST BE A STREET ADDRESS)	
	5 gm
	5
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	·
muting data essentition in the control of the contr	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:  Name of New Registered Agent:	ss on our records, <u>enter the name of the new registered</u>
New Registered Office Address:	
	EnterFloridastreetaddress
	Florida
C	ity Zip Cock
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addressing that heen notified in writing of this change.	rmance of my duties, and Lam familiar with and ded for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ID: 57134EF6-0255-4116-BBA7-8D8AEE625F3E
Trainching Authorized rerson(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>	Name	<u>Address</u>	Type of Action
AMBR	CHARLES GARNETTE	5569 AUTUMNBROOK CT.	■Add
		JACKSONVILLE, PL 32258	□Remove
			☐ Change
			SECRETA
			URemove A
			15 CORPCORPC
			RY OF STAIL NS CORPORATIONS
			[]Change
			🗆 Add
			□Remove
			Change
			ClRemove
			□Change
			DAdd
			□Remove
			□Change

18132001050

DocuSign Envelope ID: 57134EF6-0255-4116-BBA7-8D8AEE625F3E

Audit# H21000271993

From: John Gurba

). If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	21 J
<u></u>	10: 40
	<b>5</b>
(If an effective date Note: If the Jai	, if other than the date of filing:
cord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h). The 90th day after the
Dated	7/15/2021  DocuSigned by:  Oenite Alebanger  Systematical States (2)
<del></del>	Decusigned by:
	Signature of a member of audion/ed/epi/sentative of a member
	DENISE RENBARGER
	Typed or printed name of signee

Filing Fee: \$25.00