9/29/21, 2:12



Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.* is a simple of the contract of

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1950 GOLDEN LAKE HOLDCO, LLC

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1950 Golden Lake Holdco, LLC			
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears la Limited Liability Company)	on our records.)	·
The Articles of Organization for this Limited Liability (Company were filed on $\frac{-03/6}{2}$	02/2020	and assigned
Florida document number	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>c</u> :	
1950 Golden Lakes Holdeo, LLC			
The new name must be distinguishable and contain the words "Lin	nuted Liability Company," the des	signation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	V# 5.	
		v=-	<u> </u>
		ģ.	. <u></u>
Enter new mailing address, if applicable:		(n (n	FILED P 29 Ph
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
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		7.5	7 7 7 7 7 7 7 7 7 7
B. If amending the registered agent and/or registere		cords, <u>enter the name o</u>	f the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floria	la street 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.

To: +18506176363 Page, 5 of 6 2021-09-29 12:14:40 CST 12122023573 From: Kimberly Laughrey

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>	Name	Address	Type of Action
AMBR	Geoffrey G. Jervis	224 Bloomfield Dr., West Palm Beach, FL 33405	= Add
			[]Remove
			UChange
AMBR	Vito Monteleone	316 Southern Blvd, West Palm Beach, FL 33405	= Add
			□Remove
		☐Remove ☐Change ☐Add ☐Remove ☐Change ☐Change ☐Change	TChange
			LlAdd
			Remove
			[]Change
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			DRemove
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			LJRemove
			🗆 Add
			UChange

Page: 6 of 6

f ame	ending any oth	er informat	tion, enter o	change(s) l	iere: (Attac	ch addition	al sheets, if	necess	ary.)		
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record is fil	d specifies a dela led.	ayed effective	e date, but no	ot an effectiv	e time, at 12	2:01 a.m. on	the carlier o	f: (b)	The 90th	days at	
	September 27			2021					SSI:	29	FILED
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		1/6	Signature of a	member or a	uthorized rep	resentative of	a member	·	<u> </u>	2: 12	