Division of Corporations

Division of Corporations Electronic Kliing 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.

(((H20000094842 3)))



H200000948423ABC\$

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address: charlie.lykes@gmail.com

1AR 27 PM 4:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HIGHLANDS RANCH AND GROVE, LLC

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MAR 3 0 2020 Help

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT TO (((H20000094842 3))) ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>i.</u>)
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abhreviation FEL.C."
Enter new principal offices address, if applicable:	3221 W. Lawn Avenue	
Principal office address MUST BE A STREET ADDRESS	Tampa, FL 33611	. 27
Enter new mailing address, if applicable:	3221 W. Lawn Avenue	
Mailing address MAY BE A POST OFFICE BOX)	Татри, FL 33611	FI 0
3. If amending the registered agent and/or registered office	address on our records, enter	the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s
	City Zip Code	

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 abligations 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: (((H20000094842 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Lauren Y. Detzel	420 S. Orange Avenue, Suite 700	□ Add
		Orlando, FL 32801	■Remove
			🗆 Change
MGR	Charles P. Lykes, Jr.	3221 W. Lawn Avenue	= Add
		Tampa, FL 33611	□Remove
			☐Change
			Change Old Add Remove
			Change '
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
		(((H200	□Change 00094842 3)))

			(((H2000009	4842 3)))
D. If amending any of	ther information, enter change	(s) bere: (Attach additiona	al sheets, if necessary.)	
				
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E. Effective date, if oth	ter than the date of filing:		(optional)	
Note: If the date inser	d, the date must be specific and cannot to the date must be deed not nicet the date on the Department of State's n	be prior to date of filing or more to applicable statutory filing re-	han 90 days after filing.) Pursi quirements, this date will r	uant to 605,0207 (3)(b) not be listed as the
If the record specifies a deli record is filed.	ayed effective date, but not an effe	ctive time, at 12:01 a.m. on th	he earlier of: (b) The 90th	ı day after tho
Dated Mare	L 27 2020) -		
		_		
	Signature of a momber	ecauthorized representative of a	member	
Lauren Y, D	Detzel, Authorized Representative	of Member		

Filing Fee: \$25.00

Typed or printed name of signed