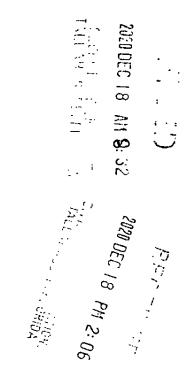
120000017782

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



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- 1.11 KF号 DEC 2.1 ZOZO CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 549468 7273646
AUTHORIZATION: Syncholic man
COST LIMIT : \$ 25.00
ORDER DATE : December 11, 2020
ORDER TIME : 1:05 PM
ORDER NO. : 549468-010
CUSTOMER NO: 7273646
DOMESTIC AMENDMENT FILING
NAME: PROVIDENT GROUP - LYNN PROPERTIES LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Amanda Robinson -- EXT# 62968

COVER LETTER

Division of Co			
SUBJECT:	PROVIDENT (GROUP - LYNN PROPERTIES LLO	3
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please o	all:	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Provident Group -	- Lynn Properties	LLC			
(Name of the Limited Liability Com) (A Florida Limited	pany as it now app I Liability Compan	<u>rears on our records.</u>) y)		_	
The Articles of Organization for this Limited Liability Compan	y were filed on	March 11, 2020	and	d assign	ned
Florida document numberL20000077782					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company	here:			
Provident Group - LU Properties LLC					
The new name must be distinguishable and contain the words "Limited Link	bility Company," th	ne designation "LLC" or the ab	breviatio	n "L.L.C	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
					
			,		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	-				
				<u> </u>	
		· · · · · · · · · · · · · · · · · · ·		-33	
B. If amending the registered agent and/or registered office	address on our	r records, <u>enter the nam</u>	e of the	inew r	egistered
agent and/or the new registered office address here:		· · · · · ·		6	•
			-]:	>>	
Name of New Registered Agent:				<u>~</u> - en -	
New Registered Office Address:			:	£-	_
New Neglinera Office Hadress.	Enter F	lorida street address	<u> </u>	<u>c.</u> `	
		, Florida			
	City	, FIORIDE	Zip Co	ode	
New Registered Agent's Signature, if changing Registered Agent	<u>l:</u>				
I hereby accept the appointment as registered agent and ag	ree to act in thi	is capacity. I further ag	ree to co	omply	with the
provisions of all statutes relative to the proper and complete	e performance	of my duties, and I am f	familiar	with a	ınd
accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	provided for in	n Chapter 605, F.S. Or,	if this d	locume	ent is
company has been notified in writing of this change.	e uuuress, 1 Ner	eoy conjirni that the tin	чива па	юшу	

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

Title	<u>Name</u>	Address	Type of Action
		-	DAdd
			Петоче
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			∏Change

ffective date, if other than the date of filing:					
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distilled. The potential of					
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Tomas Otta La		te, but not an effective	ime, at 12:01 a.m. on the	earlier of: (b) The 90th d	ay after the
Signature of a member or authorized representative of a member	December 17	2020	<u></u> .		
Signature of a member or authorized representance of a member		T	71. OH	. · \	
		-	MALL	<u> </u>	

Filing Fee: \$25.00