L20000 101032

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2-1-1-1-1)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

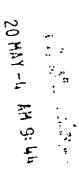
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COVER LETTER

TO: Registration Secti Division of Corpo				
subject: <u>\</u>	406 Parish	Caras		
	Name of Limit	ted Liability Company	70 mm	
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	Contract the Contract to the C	· .
Please return all correspond	lence concerning this matter t	to the following:	G.	er er
	<u></u>	Name of Person		
	Herit	Firm/Company	Drap	
	200 Business	Pork Circle, Suite	2/05	
		City/State and Zip Code	2095	
	E-mail address: (1	o be used for future annual report notifi	cation)	
For further information con	cerning this matter, please ca	ıll:		
Name of P	erson Stee	at (<u>904)</u> 838 - Area Code Daytime	7\53 Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed:	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:		Street Address:	d	

Registration Section Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

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

•	TO	
ARTICLES OF	ORGANIZATION	2
	OF	- Company of the second
HOG 0.	cosh Cos	the state of the s
(Name of the Limited Liability Com	pany as it now appears on our records.)	
(A Fiorida Limite	d Liability Company)	84
The Articles of Organization for this Limited Liability Compar	ny were filed on 4/20/20	and assigned
Florida document number <u>L 2000 (07632</u>	•	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the i	abbreviation "L.L.C."
m		
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)		
Middling quaress MAT BL ATOST OFFICE BOX		
	II a sale man	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the nai</u>	me of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
ren registered office Address.	Enter Florida street address	
	. Florida	
	, Fiorida	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address		Type of Action
MCR	Heritage Development	xaple	200 Businers Port	Cic Xadd
			St Augustine, A	3 □ Remove
			····	□Change
MGR Chai	Christopher Sha			□Add
		-		Kemove
				□Change
MGR	Todd Zelmer			□ Add
				[Xeemove
				□Change
				🗀 Add
				□Remove
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				□Remove
				□Change

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f an effect Note: If	e date, if other than the date of filing:
record : d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ated _	April 28 . 2020.
	Signature of a member or authorized representative of a member