(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
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(Bi	isiness Entity Nam	ne)
(Do	ocument Number)	
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Siesta Village Investors	s, LLC			
	<u> </u>			
		-		
				Art of Inc. File
				LTD Partnership File
				·
			_	Foreign Corp. File L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
•				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			·	Photo Copy
				Certificate of Good Standing
			***	Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
J			<u> </u>	Vehicle Search
		<del>_</del>		Driving Record
Requested by: SETH	10/21			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Name	Date	11110	<u> </u>	UCC 11 Retrieval
Walk-In Thom/st/ffe GA 8/00	Will Pick Up	<del></del>		Courier

## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
Siesta Villa	ge Investors, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kim Guzzo		
		Name of Person	<del></del>
	CASTO		
	<del></del>	Firm/Company	
	250 Civic Center Drive, St	uite 500	
		Address	
	Columbus, Ohio 43215		
		City/State and Zip Code	
	kguzzo@castoinfo.com  E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Kim Guzzo		614 227-3497 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
<b>≅</b> \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Siesta Village Investors, LLC				G i
( <u>Name of the Limited Liat</u> (A Flor	bility Company as	it now appears on	our records.)	
(A Flor	orida Limited Liabil	ity Company)		
				Ω,
The Articles of Organization for this Limited Liability	y Company wer	e filed on April 2	9, 2020	and assigned
	, ,	<u></u>	<u> </u>	
Florida document number L0000114561	·			بب
				رن در
This amendment is submitted to amend the following:	g:			J
A. If amending name, enter the new name of the li	limited liability	company here:		
<del></del>				
The new name must be distinguishable and contain the words "I	Limited Liability C	ompany," the design	ation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD.	DRESS)			
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BOX)	)			
Muning address MAT BE ATOST OFFICE BOX			······································	<del></del>
	_			
B. If amending the registered agent and/or registe	and office odds		ida antantha nama	-64h
		ess on our recor	us, enter the name	of the new registered
agent and/or the new registered office address her	<u>re</u> :			
Name of Name Designated According				
Name of New Registered Agent:				<del></del>
New Registered Office Address:	·	C . El ./		<del></del>
		Enter Florida s	ireei address	
			x31 · 1	
<del></del>	<del></del>	· · ·	, Florida	Zip Code
		City		Lip Code
New Registered Agent's Signature, if changing Registe	tered Agent:			
I hereby accept the appointment as registered age				
provisions of all statutes relative to the proper and	id complete p <mark>e</mark> rj	formance of my	duties, and I am fa	miliar with and
accept the obligations of my position as registered	d agent as prov	ided for in Chap	oter 605, F.S. Or, ij	f this document is
being filed to merely reflect a change in the regist				
company has been notified in writing of this change		, , , , , , , , , , , , , , , , , , , ,	•	•
	O			

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BFAB REAL ESTATE, LLC	5391 Lakewood Ranch Blvd., Suite 100	
		Sarasota, FL 34240	≣Remove
			Change
MGR	ANN H. CASTO	5391 Lakewood Ranch Blvd., Suite 100	🗆 Add
		Sarasota, FL 34240	≅Remove
			Change
MGR	BRETT HUTCHENS	5391 Lakewood Ranch Blvd., Suite 100	<b>∃</b> Add
		Sarasota, FL 34240	□Remove
			Change
		<u> </u>	□Add
			□Remove
			□Change
			D∧dd
			🗆 Remove
			☐ Change
			🗆 Add
			□Remove
			□Change

T	ne Company shall be managed by its managers.
_	
_	
_	
_	
_	
_	
_	
ectiv	ve date, if other than the date of filing:
effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
<u>te:</u> I	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nt's effective date on the Department of State's records.
	in a checite date on the Department of State a records.
cord	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
s file	id.
ted [	Detuber 4 2 2021

Filing Fee: \$25.00

Typed or printed name of signee