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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Shops at Golden Eagle, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cheryl Jenkins Name of Person
Boos Development Group Firm/Company
410 Park Place Blvd Ste 100
Clearwater FL 33759 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cheryl Jenkins at (727) 451-2683 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee Solutional copy is enclosed ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Shops at Golden Eagle, LLC	 .
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{4 38 30}{100001000100010000000000000000000000$	and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
The Shops at Bannerman Village, LLC The new name must be distinguishable and contain the words "Limited Liability Companys" the designation "LLC" or the	
he new name must be distinguishable and contain the words "Limited Liability Companys" the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable:	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	
Mailing address MAY BE A POST OFFICE BOX)	(6)
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the r	name of the new regis
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the r	name of the new regis
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the r	name of the new regis
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the regent and/or the new registered office address here: Name of New Registered Agent:	name of the new regis
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the regent and/or the new registered office address here:	rame of the new regis
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ि

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, 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>	Address	Type of Action
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`an effect \ote: If	tive date is listed, the date inserted	than the date of the date must be spec I in this block doc e on the Departme	cific and cannot b es not meet the	e prior to date of t applicable statut	iling or more than	(optional) 90 days after filing ements, this date	.) Pursuant to 605.020 will not be listed a
record s I is filed		ed effective date,	but not an effec	etive time, at 12:	01 a.m. on the e	arlier of: (b) Th	ne 90th day after th
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ated	Apr. ()	1106.	# J. V				
Dated	April 5	Who Signate	+ J. P	or authorized repre	esentative of a me	nber	