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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020

Phone : (813)435-3176

Fax Number

.: (813)333-6358

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VAVIVOY ESTATES, LLC

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company has been notified in writing of this change.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VAVIVOY ESTATES, LLC	•			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000128138</u>	were filed on 05/12/2020	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	ollity company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	9355 113th Street			
(Principal office address MUST BE A STREET ADDRESS)	#3331			
	Seminole, FL 33775			
Enter new mailing address, if applicable:	9355 113th Street			
(Mailing address MAY BE A POST OFFICE BOX)	#3331			
	Seminole, FL 33775			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the na	me of the new registers		
New Registered Office Address:		% O 1		
	Enter Florida street address			
	, Florida	−Zip Code [□]		
New Registered Agent's Signature, if changing Registered Agent:		~.'		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and , if this document is		

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	Name	Address	Type of Action
MGR	DAVID H SILVERSTEIN	9355 113th Street	□Add
		#3331	
		Seminole, FL 33775	■ Change
	·		
			□Reniove
			☐ Change
<u>.</u>	 .		(□Add
			CRemove
		· .	☐ Change
			□Add
		•	□Change
			□Add
			□Remove
	·		□ Change
			□Remove

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D. If a	mending any other i	nformation, ente	r change(s) here:	(Attach additional she	ets, if necessary.)	
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(Ifan e	etive date, if other the	date must be specific a	nd connot be prior to d	ate of filing or more than 9	(optional) Didays after filing.) Pursuant to	605.0207 (3)(b)
docu	in the date inserted in ment's effective date of	i tals block does not n the Department of	meet the applicable State's records.	statutory filing requires	ments, this date will not be	listed as the
If the record is t	ord specifies a detayed filed.	effective date, but no	ot an effective time,	at 12:01 a.m. on the ear	lier of: (b) The 90th day a	fter the
Dated	11/19		2020			
=		7	- ', ·			
	-//	Signature of	member or anthonia	d representative of a memb		
:					···	
•	NICKOLAS J. S	PRADLIN, ESWQ.		EP. OF A MEMBER		
			Typed or printed na	ime oi signee		

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