

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L20000128138

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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.****

Email Address: NS@NickSpradlin.Com

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

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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4/8/21

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VAVIVOY ESTATES, 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 11/20/2020 and assigned
Florida document number L20000128138.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13799 Park Blvd N

#118

Seminole, FL 33776

2021 APR 8 PM 4:50
RECEIVED
CLERK OF COURT
HILLSBORO COUNTY
FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13799 Park Blvd N

#118

Seminole, FL 33776

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Type of Action</u>
MGR	DAVID H SILVERSTEIN	13799 Park Blvd N	<input type="checkbox"/> Add
		#118	<input type="checkbox"/> Remove
		Seminole, FL 33776	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRET
1 APR 80
OF STAFF
1 APR 80

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be on or after the date of filing.)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated 04/08/ 2021

[Signature] Signature of a member or authorized representative of a member

NICKOLAS J. SPRADLIN AUTJPRIZED REP. OF A MEMBER

Typed or printed name of signee

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Filing Fee: \$25.00