

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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@NICK Spradlin. Com

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

Certificate of Status	0
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Estimated Charge	\$25.00

APR 19 2021

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Electronic Filing Menu

Corporate Filing Menu

Help

2021 APR 16 AM 9:06

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2021 APR 16 PM 4:46

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EWA 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 05/15/2020 and assigned
Florida document number L20000131890

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 "LLC."

Enter new principal offices address, if applicable:

13799 Park Blvd N

(Principal office address MUST BE A STREET ADDRESS)

#244

Seminole, Florida 33776

Enter new mailing address, if applicable:

13799 Park Blvd N

(Mailing address MAY BE A POST OFFICE BOX)

#244

Seminole, Florida 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

, Florida

City

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	MAREK T MIKULSKI	13799 Park Blvd N	<input type="checkbox"/> Add
		#244	<input type="checkbox"/> Remove
		Seminole, Florida 33776	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(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)

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 04/02, 2021

Massachusetts

Signature of a member or authorized representative of a member

MAREK T MIKULSKI

Typed or printed name of signee

H21000151 5892

Filing Fee: \$25.00