

7/15/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002720363)))



H210002720363ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COURT ACCESS CENTERS OF AMERICA
Account Number : 075350000541
Phone : (813)875-1333
Fax Number : (813)200-1050

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

Email Address: RenbargerDenise@att.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AUTUMNBROOK PROPERTIES III LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

2021 JUL 15 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JUL 15 PM 2:08

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: FCA4A770-CCBB-4A0D-A115-BF44F72B6ACE

Audit# H21000272036

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AUTUMNBROOK PROPERTIES III 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 06/02/2020 and assigned Florida document number 120000144174.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

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

Audit# H21000272036

DocuSign Envelope ID: FCA4A770-CCBB-4A0D-A115-BF44F72B6ACE

Audit# H21000272036

In 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>
AMBR	CHARLES GARNETTE	5569 AUTUMNBROOK CT.	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32258	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Audit# H21000272036

DocuSign Envelope ID: FCA4A77D-CCBB-4A0D-A115-BF44F72B6ACE

Audit# H21000272036

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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: (h) The 30th day after the record is filed.

Dated 7/15/2021

-DocuSigned by.

Dennis DeYoung

Signature of a member or authorized representative of a member

DENISE RENBARGER

Typed or printed name of signee

STERN, ROBERT S. MAIL
ALLAHSEE, FLOTHA

2021 JUL 15 PM 2:09

7

Audit# H21000272036

Filing Fee: \$25.00