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JUN 29 2020

## **COVER LETTER**

| (additional copy is enclosed) Certified Copy   |                          | Registration Section Division of Corporations |                          |                           |  |
|--|--------------------------|---|--------------------------|---------------------------|--|
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  MATTHEW L. BELL, CPA  Name of Person  HARDING BELL INTERNATIONAL. INC.  Firm/Company  113 PONTOTOC PLAZA  Address  AUBURNDALE, FL 33823  City/State and Zip Code  TONY@MYORLANDOVACATION.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MATTHEW L. BELL, CPA  Name of Person  Read 363  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{S25.00 Filing Fee} \times S30.00 Filing Fee & Certified Copy (certificate of Status) Certificate of Status) Certificate of Status Certified Copy (certificate of Status)   | WINT                     | R GARDEN REAL ESTATE ANI                      | D PROPERTY MANAGEMENT,   | LLC                       |  |
| Please return all correspondence concerning this matter to the following:    MATTHEW L. BELL, CPA  | SUBJECT: Name of Lim     |   | ited Liability Company   | <del> </del>              |  |
| MATTHEW L. BELL, CPA  Name of Person  HARDING BELL INTERNATIONAL, INC.  Firm/Company  113 PONTOTOC PLAZA  Address  AUBURNDALE. FL 33823  City/State and Zip Code  TONY@MYORLANDOVACATION.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MATTHEW L. BELL, CPA  Name of Person  at (Area Code)  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\begin{array}{c} \text{S25.00 Filing Fee} \text{Certified Copy} \text{Certificate of Status} \text{Certified Copy} \text{(additional copy is enclosed)} \text{Certified Copy}   | The enclosed Article     | s of Amendment and fee(s) are subi            | mitted for filing.       |                           |  |
| Name of Person  HARDING BELL INTERNATIONAL, INC.  Firm/Company  H13 PONTOTOC PLAZA  Address  AUBURNDALE, FL 33823  City/State and Zip Code  TONY@MYORLANDOVACATION.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MATTHEW L. BELL, CPA  Name of Person  Area Code  S255.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status  Certified Copy (additional copy is enclosed)  | Please return all corr   | espondence concerning this matter t           | to the following:        |                           |  |
| HARDING BELL INTERNATIONAL, INC.  Firm/Company  113 PONTOTOC PLAZA  Address  AUBURNDALE, FL 33823  City/State and Zip Code  TONY@MYORLANDOVACATION.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MATTHEW L. BELL, CPA  at (   |                          | MATTHEW L. BELL, CPA                          | A                        |                           |  |
| Firm/Company  H3 PONTOTOC PLAZA  Address  AUBURNDALE, FL 33823  City/State and Zip Code  TONY@MYORLANDOVACATION.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MATTHEW L. BELL, CPA  Name of Person  Area Code  Best Obstitute Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy  Certificate of Status  Certified Copy  |                          |   | Name of Person           |                           |  |
| Address  AUBURNDALE, FL 33823  City/State and Zip Code  TONY@MYORLANDOVACATION.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MATTHEW L. BELL, CPA  Name of Person  Area Code  Beson to be used for future annual report notification)  For further information concerning this matter, please call:  MATTHEW L. BELL, CPA  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Certified Copy  Certificate of Status  Certified Copy  Certificate of Status  Certified Copy   |                          | HARDING BELL INTERN                           | NATIONAL, INC.           |                           |  |
| Address  AUBURNDALE, FL 33823  City/State and Zip Code  TONY@MYORLANDOVACATION.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MATTHEW L. BELL, CPA  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{S25.00 Filing Fee} & \times \$30.00 \text{Filing Fee} & \times \$55.00 \text{ Filing Fee} & \times \$60.00 \text{ Filing Fee}, \text{ Certified Copy} &  Certifie |                          |   | Firm/Company             | <del></del>               |  |
| AUBURNDALE, FL 33823  City/State and Zip Code TONY@MYORLANDOVACATION.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MATTHEW L. BELL, CPA  Sat (  |                          | H3 PONTOTOC PLAZA                             |                          |                           |  |
| City/State and Zip Code  TONY@MYORLANDOVACATION.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MATTHEW L. BELL, CPA  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |                          |   | Address                  |                           |  |
| TONY@MYORLANDOVACATION.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MATTHEW L. BELL, CPA  Name of Person  Area Code  Bell, CPA  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  See Sectificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy  |                          | AUBURNDALE, FL 33823                          | 3                        |                           |  |
| E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MATTHEW L. BELL, CPA  863 968-1010  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Bigsigma\$ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  \$\Bigsigma\$ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  | -                        |   | City/State and Zip Code  |                           |  |
| For further information concerning this matter, please call:  MATTHEW L. BELL, CPA  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (certified Copy (certified Copy)   |                          |   |                          |                           |  |
| MATTHEW L. BELL, CPA    Section   Name of Person   Name of Person   Area Code   Daytime Telephone Number   | For further informati    |   | -                        | fication)                 |  |
| Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy Certified Copy Certified Copy Certified Copy  |                          |   |                          |                           |  |
| Enclosed is a check for the following amount:   \$\Begin{array}{lll} \text{Enclosed is a check for the following amount:} & & & & & & & & & & & & & & & & & & &  |                          |   | at ()                    | <del></del>               |  |
| ■ \$25.00 Filing Fee  \$30.00 Filing Fee  \$   | Na                       | ne of Person                                  | Area Code Daytim         | e Telephone Number        |  |
| Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy  | Enclosed is a check      | or the following amount:                      |                          |                           |  |
|  | ■ \$25.00 Filing Fo      | <del>_</del>                                  | Certified Copy           | Certificate of Status &   |  |
| Mailing Address:  Registration Section  Street Address:  Registration Section  |                          |   |                          | ction                     |  |
| Division of Corporations Division of Corporations  | Division of Corporations |   | Division of Corporations |                           |  |
| P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810   |                          |   |                          | The Centre of Tallahassee |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| WINTER GARDEN REAL ESTATE AND PROPER  |  |                         |
|---|--|-------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on our records.) Liability Company) |                         |
| he Articles of Organization for this Limited Liability Company  | were filed on JUNE 4, 2020                               | and assigned            |
| lorida document number L20000153579   |  |                         |
| his amendment is submitted to amend the following:  |  |                         |
| A. If amending name, enter the new name of the limited liab   | ility company here:                                      |                         |
| he new name must be distinguishable and contain the words "Limited Liabil   | ity Company," the designation "LLC" or th                | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  |                         |
| Principal office address MUST BE A STREET ADDRESS)  | <u> </u>   | 707                     |
|   |  |                         |
|   | -  |                         |
| Inter new mailing address, if applicable:   |  | 29:-                    |
| Mailing address MAY BE A POST OFFICE BOX)   |  | T                       |
| Mailing duaress MAT BE A FOST OF FICE BOAT  |  | <del></del>             |
|   |  | . 09                    |
| 3. If amending the registered agent and/or registered office a  | address on our records enter the n                       | <del>-</del> -          |
| s. It amending the registered agent and/or registered office a<br>gent and/or the new registered office address here: | address on our records, enter the n                      | ame of the new regist   |
|   |  |                         |
| Name of New Registered Agent:   |  |                         |
| New Registered Office Address:  |  |                         |
| The Interpretate Office (Maries).   | 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

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> | Name                     | Address                 | Type of Action |
|--------------|--------------------------|-------------------------|----------------|
| MGR          | ANTHONY O'REILLY-BROOKES | 27 NORTH DILLARD STREET | <b>=</b> Add   |
|              |                          | WINTER GARDEN, FL 34787 | □Remove        |
|              |                          |                         | □Change        |
|              |                          |                         | □Add           |
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| . If ameno                    | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)                               |
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| (If an effect:<br>Note: If    | date, if other than the date of filing:   |
| the record s<br>cord is filed | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated                         | NE 25 2020  |
|                               | Signature of a member or authorized representative of a member  |
|                               | ANTHONY O'REILLY-BROOKES  |
|                               | Typed or printed name of signee   |