

L20 000 191478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

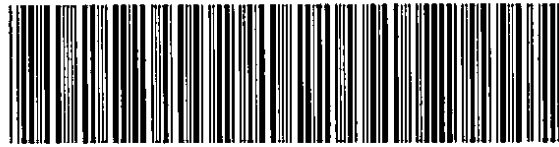
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600351160316

09/04/20--01028--025 **25.00

2720 St. - 1/2 MI 7:54

C 010 013

OCT 16 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Desota Land LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

James Cioffi

(Contact Person)

(Firm/Company)

250 Tequesta Drive #200

(Address)

Tequesta FL 33469

(City/State and Zip Code)

For further information concerning this matter, please call:

James Cioffi

at (561) 747-6000
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Desota Land LLC

2.23.20 11:17:54

(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 7/6/20 and assigned
Florida document number L20000191478.

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: James A. Cioffi

New Registered Office Address: 250 Tequesta Drive # 200
Enter Florida street address

Tequesta Florida 33469
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mbr	Trent W. Walker	8305 Bob O Link Drive	<input type="checkbox"/> Add
		West Palm Beach Fl. 33412	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mbr	TWW Investment Trust	11701 US Highway One suite C	<input checked="" type="checkbox"/> Add
		North Palm Beach Fl. 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Lisa Bowden	8305 Bob O Link Drive	<input type="checkbox"/> Add
		West Palm Beach Fl. 33412	<input checked="" 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

CS-17: 4

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.

Dated 7/28 2020

Dano Bain

David Bowden

Typed or printed name of signee