## L20000207405

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## **COVER LETTER**

TO: Registration Solution of Con						
DOMAIN	rrc					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	MEERA BHUTTA					
		Name of Person	<del></del>			
	DOMAIN LLC					
		Firm/Company				
	5200 VINELAND ROAD	SUITE 200				
		Address				
	ORLANDO FL 32811					
	<u> </u>	City/State and Zip Code				
	meera@parksquarehomes.c					
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report no all:	olification)			
Meera Bhutta		407 529-3067				
Name of Person		Area Code Dayti	ime Telephone Number			
Enclosed is a check for t	he following amount:					
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>			
Mailing Address: Registration Section		Street Address: Registration S	Section			
Division of C	Corporations	Division of Co	Division of Corporations			
P.O. Box 633 Tallahassee,			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 JAN 29 AH 10: 49

DOMAIN 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  $\frac{07/16/2020^{\frac{1}{2}}}{2000}$ . and assigned Florida document number L20000207405 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Aston Park MF, LLC 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: VISHAAL GUPTA Name of New Registered Agent: 5200 VINELAND ROAD, SUITE 200 New Registered Office Address: Enter Florida street address ORLANDO 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

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			500.		
Title	<u>Name</u>	<u>Address</u>	2021 JAN 29	AH 10: 49	Type of Action
					□Add
					□Remove
					□Change
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					Change.

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	2021 JAN 29 AH 10: 49
	2021
(If an ei Note:	tive date, if other than the date of filing:  (optional)  (optional)  (include 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
e reco rd is f	rd 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 iled.
Dated	Signature of a flember or authorized representative of a member  Vishaal Gupta  Typed or printed name of signee
	Signature of a alember or authorized representative of a member
	Vichaal Custa
	Typed or printed pages of signer

Filing Fee: \$25.00