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.

(((H20000336662 3)))



H200003366623ARC

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 : FILINGS, INC.

Account Number : 072720000101

Phone : (954)791-2100 Fax Number

: (954)583-4117

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARAVAN N543TC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Y SULKER SER 2 9 2020

Electronic Filing Menu

Corporate Filing Menu

Help

1120000336662

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	•			
(Name of the Limited Liability Company (A Florida Limited Lie	y as it now appears on our records.) bility Company)			
The Articles of Organization for this Limited Liability Company w	vere filed on September 3, 2020	and assigned		
Florida document number L20000266774				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	the new name of the limited liability company here: State			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbrev	riation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		<u></u>		
		23 25		
Enter new mailing address, if applicable:		- 2 (3		
(Mailing address MAY BE A POST OFFICE BOX)				
		<u> </u>		
D. IC amount to the majorana and the second of the		7. P.S.		
registered agent and/or the new registered office address here:	ce address on our records, enter the	name or the new		
		. S C.		
Name of New Registered Agent:		•		
New Registered Office Address:	Enter Florida street address			
	YC1 1			
	Ciry , Florida	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		
	erformance of my duties, and I am fam	iliar with and		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

H2000336662
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>	Address	Type of Action
AMBR	HGP Phipps Management, Inc.	2880 S.E. Downwinds Jupiter, Pt. 33478	Add
			☐ Rcmove
		··	[] Change
MBR	HGP Phipps Management, Inc.	2880 S.E. Downwinds Jupiter, FL 33478	
		·	Ветоус
			Change
			□ Add
			🗀 Remove
			☐ Change
			Rcmove
			Сһходе
			Remove
			CI Change
			D Add
			Rcmove
			Change

2000336662 B. If amending any other info	ormation, enter ch	unge(s) here: (A	ttach additional s	heets, if necessary.)	
	-				
		,			
				<u> </u>	
					 _
	<u> </u>				•
	 -				
					<u></u>
					
					
-					
	-	·	-		·
					
			_		
				- "	
					
E. Effective date, if other that (If an effective date is listed, the date inserted in the document's effective date on	te must he specific and his block does not m	cannot be prior to dat set the applicable :	e of filing or more tha statutory filing requ	(optional) 190 days after filing.) Purs irements, this date will	mant to 605,0207 (not be listed as t
If the record specifies a del (b) The 90th day after the		ate, but not an	effective time,	at 12:01 a.m. ол t	he earlier of:
Dated September 28		2020			
,			**************************************		
-	Signature of a m	iember of authorized	representative of a m	ember	***
Rah	ert Haydon, RA/Org	anizer /			
		Typed or printed nam			·

Page 3 of 3

Filing Fee: \$25.00