Florida Department of State Division of Compositions

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140 : (561)844-3600 Phone : (561)842-4104 Fax Number

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

Email Address: AMANDABURDEN PRINCE @ gmail.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMANDA PRINCE BAY VILLAGE LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

	istration Sect sion of Corpu				
	AMANDA PI	RINCE BAY VILLAGE LLC	<u>;</u>		
SUBJECT:		Name of Limit	ted Liability Company	-	
		15 ()	utur 4 San Stian		
		mendment and fcc(s) are subr			
Please return	all correspond	dence concerning this matter t	o the following:		
		PETER R. RAY, ESQ.			
			Name of Person		-
		Cohen Norris Wolmer Ray	Telepman Berkowitz Col	heп	
			Firm/Company		
		712 U.S. Highway Onc, Su	ite 400		
			Address		
		North Palm Beach, FL 334	08		
			City/State and Zip Code		
		•	rince@gmail.com		···
		E-mail address: (t	o be used for future annual i	report notification)	
For further in Karin I	nformation cor Orakas, Paraleg	ncerning this matter, please ca at	11:		
CHARACTURE	BROBENPRIK	NGKIBIQXKKYJAZIGAXFXXXXXX	XXXXXXXX561 844	-3600	
	Name of t	Person	at () Area Code	Daytime Telepho	ine Number
Enclosed is a	check for the	following amount:			
≡ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclused)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

AMANDA PRINCE BAY VILLAC	GE LLC ed Lishility Compa (A Florida Limited I	ny as it now uppears on cliability Company)	our records.)		
The Articles of Organization for this Limited L. Florida document number £20000307321				and assig	ned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the w	yords "Limited Liabil	lity Company," the designa	ution "LLC" or the abbrev	viation "L.L.	C."
		12064 N. EDGEWA		2	
Enter new principal offices address, if applic (Principal office address MUST BE A STREE		PALM BEACH GAR	RDENS, FL 33410	22	
Trincipal office address of OST DE 7. OTME	111111111111111111111111111111111111111				1.
				20	
Enter new mailing address, if applicable:		12064 N. EDGEWA	TER DRIVE	<u></u>	C. A. D. M. C.
(Mailing address MAY BE A POST OFFICE	BOX)	PALM BEACH GAI	RDENS, FL 33410	<u></u>	
				- 3	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ss here:	address on our recor	ds, <u>enter the name o</u>	I the new	registered
Name of New Registered Agent:	AMANDA PRINCE				
New Registered Office Address:	12064 N. EDCEWATED DRIVE				
	<u> </u>	Enter Florida s			
	PALM BEACH		, Florida <u>33410</u>	Zie Cada	
		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.

I Changing Registered Agent, Signature of New Registered Agent

07-20-22 · 09:16am From- T-373 P.04/05 F-741

nr removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
·			□Add
			□Remove
			□Change
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this blocument's effective date on the E	lock does not n	icci the applicat	o date of filing or sole statutory fili	more than 90 days ng requirements	optional) after filing.) Pursua , this date will no	nt to 605.0207 (t be listed as t
record specifies a delayed effective d is filed.	ve date, but not	an effective tim	nc, at 12:01 a.m	, on the earlier o	f: (b) The 90th	iay after the
JULY 20	,	2022				
/accuSigned by:	·		_ ·			
Amanda Prince		nember or author				

Filing Fee: \$25.00