L20000355347

| (Re | equestor's Name) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
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TALLAMASSEE FLORIO.

COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| SUBJECT. | MULBERF | RY TOWNHOMES ON THE I | RIVER LLC | | |
|----------------|---|--|--|--|--|
| SUBJECT: | | Name of Lim | ited Liability Company | | |
| The enclosed | Articles of | Amendment and fee(s) are sub | emitted for filing. | | |
| Please return | all correspo | ondence concerning this matter | to the following: | | |
| | | DEBRA HERWEH | | | |
| | | | Name of Person | | |
| | | MULBERRY TOWNHOR | MES ON THE RIVER LLC | | |
| | | | Firm/Company | | |
| | 1001 E MARTIN LUTHER KING JR BLVD., SUITE 201 | | | 201 | |
| | | | Address | | |
| | | TAMPA, FL 33603 | | | |
| | | City/State and Zip Code | | | |
| | | dh@mikesgardenapts.com | | | |
| | | | to be used for future annual rep | ort notification) | |
| For further in | formation c | oncerning this matter, please c | all: | | |
| DEBRA HE | RWEH | | 813 906-6 at () | | |
| | Name o | f Person | Area Code | Daytime Telephone Number | |
| Enclosed is a | check for th | ne following amount: | | | |
| ■ \$25.00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclose | Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | ling Addres | | <u>Street Addr</u> Registratio | | |
| Div | ision of C | orporations | • | f Corporations | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MULBERRY TOWNHOMES ON THE RIVER LLC | |
|---|--|
| (<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Compa | ppears on our records.) any) |
| The Articles of Organization for this Limited Liability Company were filed o Florida document number <u>L20000355347</u> | n NOVEMBER 9, 2020 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability compar | ny here: |
| The name game must be distinguished and against a second at 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| 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) | |
| | 127 127 |
| | 12.7 GCT |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | नार क |
| | 20 0 |
| | 70. O |
| B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here: | |
| agent and/or the new registered office address here. | |
| Name of New Registered Agent: | |
| Name of New Registered Agent. | |
| New Registered Office Address: | |
| Ente | r Florida street address |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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 |
|--------------|--------------|------------------------------------|----------------|
| MGR | THOMAS VOLPE | 1001 E. MARTIN LUTHER KING JR BLVD | 🗆 Add |
| | | | Remove |
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| Tective date, if other than the date of filing: | (antional) |
| an effective date is listed, the date must be specific and cannot be prior of the date inserted in this block does not meet the annual | or to date of filing or more than 90 days after filing.) Pursuant to 605.02 icable statutory filing requirements, this date will not be listed |
| ocument's effective date on the Department of State's record | |
| | |
| record specifies a delayed effective date, but not an effective is filed. | time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| OCTOBER 26. 2021 October 26. 2021 | · |
| Du Niling | |
| | thorized representative of a member |

Filing Fee: \$25.00