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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

: GRAYROBINSON, P.A. - ORLANDO Account Name

Account Number : I20010000078 ; (407)843-8880 Phone

Fax Number : (407)244-5690

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LANDSOUTH MANAGEMENT COMPANY, LLC

Certificate of Status	0
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· *		COVER LETTER	4	· 4	
TO: Registration Sect					
Division of Corp.	or auons			Ø	
LANDSOUT SUBJECT:	H MANAGEMENT COMP	ANY, LLC			
	Name of Lin	ited Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	Tucker Thoni				
		Name of Person		-	
	GrayRobinson, P.A.				,
		Pirro/Company			,
301 E. Pine Street, Suite #1400)	
		Address) -
Orlando, FL 32801			. Ξ	-	
		City/State and Zip Code			-
	tucker.thoni@gray-robinson			ر. بر	
	E-mail address: (to be used for future annual report not	fication)	-	
For further information con	cerning this matter, please c	ali:			
Tucker Thoni		407 843-8880 at ()			
Name of P	erson		e Telephone Number		
Enclosed is a check for the	following amount:				٠
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314

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

LANDSOUTH MANAGEMENT COMPANY, LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000387032</u>	y were filed on 12/15/2020 and assigned;		
This amendment is submitted to amend the following:	12		
A. If amending name, enter the new name of the limited liab	bility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "LLC."		
Enter new principal offices address, if applicable:	2910 Kerry Forest Pkwy, Suite D4-363		
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, FL 32309		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2910 Kerry Forest Pkwy, Suite D4-363 Tallahassee, FL 32309		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	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 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>	Name	Address	Type of Action
			_ 🗅 Add
			_ \(\text{Remove} \)
			_ Change
			O∃OC
			_ Remove
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		·.	_□Add
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