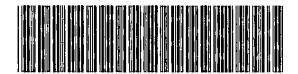
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

## **COVER LETTER**

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Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DAVID SEARCY MCGE	HEE JR.	
		Name of Person	
		Firm/Company	
	220 PONTE VEDRA PAR	RK DR. SUITE, 200	
		Address	
	PONTE VEDRA BEACH	, FL. 32082	
		City/State and Zip Code	
	DAVID.MCGEHEEJR@O		
for further information a	E-mail address: ( oncerning this matter, please e	to be used for future annual report notif	ication)
		an:	
DAVID MCGEHEE JR.		904 483 - 6595	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
<b>■</b> \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
<u>Mailing Addres</u> Registration 5		Street Address:	dian.
Division of C		Registration Sec Division of Corp	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CANOPY SIGNATURE HOMES & DEVELOPMENT, 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 12/28/2020 and assigned L21000005190 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 220 PONTE VEDRA PARK DR. Enter new principal offices address, if applicable: SUITE, 200 (Principal office address MUST BE A STREET ADDRESS) PONTE VEDRA BEACH, FL. 32082 220 PONTE VEDRA PARK DR. Enter new mailing address, if applicable: SUITE, 200 (Mailing address MAY BE A POST OFFICE BOX) PONTE VEDRA BEACH, FL. 32082 B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida 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 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	CHARLES WEEKLEY	3513 CROSSVIEW DRIVE	<b>=</b> Add
		JACKSONVILLE, FL. 32224	□Remove
			□Change
		□Remove	
			□Change
			□∧dd
	-		⊔Remove
			□Change
			□Remove
		□Change	
			□Add
			Remove
			Change
<del>,</del>			\\ \\ \\ \\ \Add
			□Remove
			70:5

ective	date, if other than the date of filing:
<u>te:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed is effective date on the Department of State's records.
	to enterine date on the permittent of state a recover.
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed	
ted	AUGUST ZZ ZOZZ
	Talle 2
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00