h21000026671

| (| Requestor's Name) |
|----------------------|-------------------------|
| | Address) |
| | Address) |
| (| City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (| Business Entity Name) |
| | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
| | |
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Office Use Only



800366435108

05/28/21--01014--014 **25.00



COVER LETTER

| TO: Registration S Division of Co | | | | |
|--------------------------------------|--|---|------------------------|------------------|
| | e 204, LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | emitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | Gail Marshall | | | |
| | | Name of Person | | |
| | | Firm/Company | | 202 ¹ |
| | PO Box 2321 | | | 2021 15:3 |
| | | Address | | 22 |
| | Key West, FL 33045 | | | |
| | creeksedge211@gmail.com | City/State and Zip Code | | on 3. 10 |
| | E-mail address: (| to be used for future annual report | notification) | |
| For further information | concerning this matter, please c | all: | | |
| Gail Marshall | | 305 304-347 | 78 | |
| Name | of Person | at () Area Code Da | ytime Telephone Number | **** |
| Enclosed is a check for t | the following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | e of Status & |
| Mailing Addre | | Street Address | | |
| Registration Division of C | | Registration Division of | Section Corporations | |
| P.O. Box 632 | | | of Tallahassee | |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Hawthorne 204, LLC | | | |
|---|---|---------------------------|--------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on ited Liability Company) | our records.) | |
| The Articles of Organization for this Limited Liability Comp. L21000026671 L21000026671 | pany were filed on | 021 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company here: | | |
| Creeks Edge 211, LLC | | | |
| The new name must be distinguishable and contain the words "Limited I | Liability Company," the designa | ation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | <u>.</u> |
| Principal office address MUST BE A STREET ADDRESS | <u> </u> | | : <u>-</u> |
| | | | |
| | | <u> </u> | - |
| | | | · . |
| Inter new mailing address, if applicable: | | | - · · · · |
| Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | (1)7 | <u>ر</u> |
| | | 1 | <u></u> , |
| 3. If amending the registered agent and/or registered off gent and/or the new registered office address here: | ice address on our record | ds, <u>enter the name</u> | of the new regis |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida st | reet address | |
| | Errice 2 Millian | | |
| | City | Florida | Zıp Code |
| | 17013 | | early consens |

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 Changing Registered Agent, Signature of New Registered Agent

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 |
|--------------|--------------|---------------------------------------|----------------|
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| fective date, if other than the da in effective date is listed, the date must be | e of filing: | 4661: | (optional) | (AS A3A7 /3 |
| ote: If the date inserted in this block | does not meet the applicab | ole statutory filing requireme | nts, this date will not be | listed as the |
| cument's effective date on the Depar | tment of State's records. | | | |
| 1 10 11 100 2 1 | and the second second second | 12.01 | 6 (b) Th- 0046 d | .α |
| ecord specifies a delayed effective da is filed. | ie, but not an effective tim | e, at 12:01 a.m. on the earne | 1 or. (b) The 90th day a | ner me |
| May 21 | 2021 | | | |
| ited | | _ · | | |
| | | zed representative of a member | | |
| <i>→</i> - | | | | |