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## **COVER LETTER**

**Division of Corporations** AFFORDABLE COMMUNITIES REIMAGINED SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Robert A. MacFarlane Name of Person Firm/Company 2235 First Street Address Fort Myers, FL 33901 City/State and Zip Code michael@primalucelife.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Fasano Davtime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

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Affordable Communities Reimag	ined		0. 11
(Name of the Lin	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	. 1
he Articles of Organization for this Limited lorida document number L21000072540	Liability Company	y were filed on 2/11/2021	and assigned
nis amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited lial	bility company here:	
ffordable Communities Reimagined LLC			
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	n/a	
Principal office address MUST BE A STRE	ET ADDRESS)		
nter new mailing address, if applicable:		n/a	
• • • •	a nore		
Aailing address MAY BE A POST OFFICE	<u>: BOX)</u>		
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. If amending the registered agent and/or gent and/or the new registered office addr	registered office ess here:	address on our records, enter the	name of the new regist
Name of New Registered Agent:	n/a		
New Registered Office Address:	n/a		
		Enter Florida street address	
		Floris	1.

## 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.

Cin

Zip Code

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 42/11/11/19 PM 3:11	Type of Action
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Amending	the name of the enti	y to includ	le LLC to be	in complian	ce with applica	ble Florida St	atutes.	
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