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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
		4/27/21 TM

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DIVISION OF CORPORATION

COVER LETTER

TO: Registration Se Division of Cor			ų
SUBJECT:	ob Land P	Holdings LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person	
	- RG	S Land Holding	igs UC
	3420	NW 45 m A	v e
	Cape	Coral FL City/State and Zip Code	<u>EPPEE</u>
	E-mail address: (t	o be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Name of	Bland Person	at (23) 707 - Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$\$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)

Mailing Address:
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 \mathbf{A}

ТО	1 8 9 6
RTICLES OF ORGANIZATION	
OF	CATORIAN OF CORPORATIONS

R(R / cod	W. J	21 MAR -5	門 2:57
(Name of the Limited Liability C (A Florida Lii	Company as it ndw appeamited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Complete Florida document number 421000576629.	opany were filed on	2/15/21	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company he	e <u>re</u> :	
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)		lesignation "LLC" or the ab	breviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our r	ecords, enter the nam	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ridu street address	
	12000 1 131	, Florida	
	City	, FIUHQA	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

THE COMPORATION

<u>Title</u>	Name	21 MAR - 5 PH 2: 57	Type of Action
MGR	The Amended and Restated	3420 NW 45= Are Cape Coral, FL 33993	\(\overline{\overlin
	Brian 6. Island Irost		□Remove
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ective date is listed, the If the date inserted	than the date of filing edate must be specific as in this block does not on the Department of	nd cannot be prior to meet the applical	date of filing or more	(option: e than 90 days after fili requirements, this da	ng.) Pursuant to 605
l specifies a delayed ed.	d effective date, but no	ot an effective tim	se, at 12:01 a.m. on	the earlier of: (b)	The 90th day afte
March	3.9	. <u>2021</u>			
	/_>	1/1/	£_6		
	- Cisconnia	number of male	zed representative of		

Filing Fee: \$25.00