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AND TAKEN OF CONTRACT OF STATE OF STATE

FLORIDA IN HOUSE COUNSEL

TO: Registration Section
Division of Corporations

LAW GROUP

SUBJECT:	247 SAVA	NNAH PRESERVE LOOP LL	C	
Sobsect.		Name of Lim	ited Liability Company	·
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Roberto Santoni		
			Name of Person	
		Santoni Law, P.A., d/b/a F	lorida In-House Counsel Law	Group
			Firm/Company	
		941 Lake Baldwin Lanc, S	uite 100	
			Address	
		Orlando, Florida 32814		
		rsantoni@fihclawgroup.con		iling. wing: of Person ouse Counsel Law Group (Company) ddress and Zip Code r future annual report notification) Area Code Daytime Telephone Number Do Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status &
		E-mail address: (to be used for future annual report	t notification)
For further in	nformation co	oncerning this matter, please co	all:	
Roberto San	toni			00
	Name of	f Person	Area Code Di	nytime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

Mailing Address:

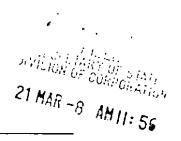
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



247 SAVANNAH PRESERVE LOOP 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 02/22/2021	and assigned
Florida document number 1.21000088269		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability and Contain the words".	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	ddress on our records, <u>enter</u>	the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
		
New Registered Office Address:	is submitted to amend the following: name, enter the new name of the limited liability company here: the distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." cipal offices address, if applicable: address MUST BE A STREET ADDRESS) ing address, if applicable: a MAY BE A POST OFFICE BOX) the registered agent and/or registered office address on our records, enter the name of the new registered enew registered office address here: In New Registered Agent: Enter Florida street address Enter Florida street address Florida City Zip Code Agent's Signature, if changing Registered Agent: the appointment as registered agent and agree to act in this capacity. I further agree to comply with the distantees relative to the proper and complete performance of my duties, and I am familiar with and autions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is erely reflect a change in the registered affice address. I hereby confirm than the limited liability	
	FI	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p	performance of my duties, a rovided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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

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AMBR = Authorized Member			21 HAR -R AMIL
<u>Title</u>	<u>Name</u>	Address	21 HAR -8 AM II: C Type of Activ
AMBR	Waldermar Velez	1800 Natchez Street	□Add
		Orlando, Florida 32833	■Remove
			□Change
AMBR	Waldemar Velez	1800 Natchez Street	■Add
		Orlando, Florida 32833	□Remove
			□Change
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Filing Fee: \$25.00