

L 21000108041

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000382779 3)))



H210003827793ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH,
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: LYBASSDW@GMAIL.COM

2021 OCT 13 PM 4:03

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EARLY BIRD LAND, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

OCT 14 2021

A. LUN7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EARLY BIRD LAND, 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 03/05/2021 and assignedFlorida document number L21000108041.

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 "L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)11450 EAST BLUE COVE DRIVEDUNNELLON, FL 34432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)P.O. BOX 3027DUNNELLON, FL 34432**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**Name of New Registered Agent:New Registered Office Address:Enter Florida street addressCity, Florida 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 Changing Registered Agent, Signature of New Registered Agent

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 OCT 13 AM 10:17

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>	<u>Address</u>	<u>Type of Action</u>
MGR	CYNTHIA L. PORTER	P.O. BOX 38	<input type="checkbox"/> Add
		DUNNELLON, FL 34432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID W. LYBASS	P.O. BOX 3027	<input checked="" type="checkbox"/> Add
		DUNNELLON, FL 34432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H21000382779 3)))

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 OCT 13 AM 10:17

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 13, 2021

Daniel Mass

Signature of a member or authorized representative of a member

DAVID W. LYBASS, MANAGER

Typed or printed name of signer

Filing Fee: \$25.00

((4111000382770 2))