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(((H21000166242 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DELOACH, HOFSTRA & CAVONIS, P.A.

Account Number : I19990000123 Phone : (727)397-5571 : (727)393-5418 Fax Number

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

Email Address:\_\_\_

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HERON TERRACE LLC

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FACSIMILE AUDIT NO.: H21000166242 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

HERON TERRACE, LLC		
(Name of the Limited Liab (A Flori	llity Company as it now appears on our records.) da Limited Lisbility Company)	
The Articles of Organization for this Limited Liability Florida document number L21000170913	Company were filed on APRIL 13, 2021	and assigned
	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
VILLAGE CLUB CIRCLE LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
	-	-
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	<del></del>
B. If amending the registered agent and/or register		ime of the new registere
agent and/or the new registered office address here	:	
		APR T
Name of New Registered Agent:		
New Registered Office Address:		PA _ P
	Enter Florida street address	
	Florida	
	City	Zp Com

## 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

## FACSIMILE AUDIT NO.: 21000166242 3

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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			□ Remove
			DAdd
			□Remove
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FACSIMILE AUDIT NO.: H21000166242 3

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Tective date, if other than the meffective date is listed, the date months: If the date inserted in this becument's effective date on the I	e date of filing:  st be specific and cannot be lock does not meet the a	pplicable statutory fili	(options more than 90 days after fili ing requirements, this da	ing.) Pursuant to 605.0207 (
ecord specifies a delayed effecti is filed.	ve date, but not an effect	ive time, at 12:01 a.m	. on the earlier of: (b)	The 90th day after the
APRIL 26	2021			
	1 -7	·		
	Signature of a member or	authorized representati	ve of a member	
	Digital Colonial Colo			
	OSEPH M. MURPHY, E		- /	***

FACSIMILE AUDIT NO.: H21000166242 3