## Florida Department of State Division of Corporations Electroflication (Cover Sheet)

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAN SIMON RANCH LLC

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Electronic Filing Menu

Corporate Filing Menu

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MAY 2 2 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 MAY 21 PM 2: 06
ALLAHASSEE, FLORIDA

	AN SIMON RANCH LLC		
(Name of the Li	mited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on	05/19/2021	and assigned
Florida document numberL21000232367	<u></u> -		<b>U</b>
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability company h	ere:	
		_	
The new name must be distinguishable and contain the	words "Limited Liability Company." the	lesignation "T T C" or th	e abbreviation "I I C"
		oughanon EEC (, d)	C ADDICTION C.E.C.
Enter new principal offices address, if appl	licable:		
(Principal office address MUST BE A STRE	EET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	A CONTRACTOR OF THE PROPERTY OF		
	F ROY	<del></del>	
(Mailing address MAY BE A POST OFFICE	E BOX)		
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			<del>i</del>
B. If amending the registered agent and/or	registered office address on our re	ecords, enter the n	ame of the new registere
agent and/or the new registered office addr	ess here:	, <u> </u>	
Name of New Registered Agent:	VERONICA MOUCHARFICH		•
··· <del></del>			<del></del>
New Registered Office Address:	8185 NW 68TH STREET		
•	Enter Flor	ida street address	
	MIAMI	, Florida	331 <b>66</b>
	City		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

LAZARUS CORPORATE

PAGE 03/04 \_\_\_

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	7F
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ecord specifies a delayed effe is filed.	ective date, but not an effective time, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
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