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(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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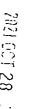




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	CERTIFIED COPY			 			
ΚX	РНОТОСОРУ						
	CUS						<u></u>
ΚX	FILING	LLC	AMEND	 _			
_A	LTURA ESTATES	, LLC					
(C	CORPORATE NAME AND D	OCUMENT #)					
(0	ORPORATE NAME AND D	OCUMENT #)			· · · · ·		
(C	ORPORATE NAME AND D	OCUMENT #)					
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COVER LETTER

Division of Corporations						
CHD IRCT	Altura Esta	· ·				
SUBJECT	`:		ited Liability Company	**************************************		
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	rn all correspo	endence concerning this matter	to the following:			
		Kevin A. Denti, Esquire				
			Name of Person			
		Kevin A. Denti, P.A.				
			Firm/Company			
		2180 Immokalee Road - Se	uite #316			
			Address			
		Naples, Florida 34110				
			City/State and Zip Code			
		kdenti@dentilaw.com E-mail address: (to be used for future annual report no	tification)		
For further	information c	oncerning this matter, please c	•	·····,		
Kevin A. I)enti, Esquire		239 260-8111 Area Code Daytii			
	Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed is	s a check for th	ne following amount:				
₩ \$25.00) Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	<u>lailing Addres</u>		Street Address: Registration S	ection		
IJ	ivision of C	orporations	Division of Co	prporations		
	.O. Box 632 allahassee, 1		The Centre of 2415 N. Monr Tallahassee, F	oe Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10.00 to 10.

Altura Estates, LLC			
(Name of the Limited Linbility Comp (A Florida Limited	pany as it now appears on or d Liability Company)	nt lecold?')	
The Articles of Organization for this Limited Liability Compan Florida document number L21000261965	y were filed on June 4, 2	021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designat	ion "LLC" or the abbrev	iation "L.IC."
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)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		s, enter the name of	
Name of New Registered Agent:			
Nam Baristand Office Address			
New Registered Office Address:	Enter Florida stri	eet address	
		, Florida	
	City	7.	ip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as	te performance of my di	uties, and I am fami	liar with and

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

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
MGR	Mirko Otto	1212 Court Street - Suite C	□Add
		Clearwater, Florida 33756	≅ Remove
			DChange
MGR	Altura Manager, LLC	1212 Court Street - Suite C	
		Clearwater, Florida 33756	DRemove
			□Change
			🗆 Add
			[]Remove
			———— DChange
	112		
			Remove
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			□Add
			□Remove
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fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block incument's effective date on the Depa	specific and cann does not meet t	ot be prior to da he applicable	ic of filing or more	(option than 90 days after fi equirements, this o	ling.) Pursuant to 605 020
ecord specifies a delayed effective d is filed.	ate, but not an e	ffective time, a	tt 12:01 a.m. on	the earlier of: (b)	The 90th day after the
oted October <u>48</u>	20	021			
ated					
	j Unite	ille			
Sig	nature of a memb	er or authorized	representative of	a member	

Filing Fee: \$25.00