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PICK-UP	WAIT MAIL
(Bı	ısiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
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*2021 SEP -9 AM 8: 32
**2021 SEP -9 AM 8: 32
**TALLAHASSEE, FL

COVER LETTER

Registration Section

Division of Corporations

TO:

	Pioneer LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	John D. VanGilder		
		Name of Person	
	YHSGR Pioneer LLC		
		Firm/Company	
	575 S. Wickham Road, Su	ite E	
		Address	
	West Mewlbourne, FL 324	904	
		City/State and Zip Code	
	john.david.vangilder@gma		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	ali:	
John D. VanGilder		321 360-6396	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta	oorations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YHSGR Pioneer LLC	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{08/06/2021}{}$ and assigned
Florida document number L21000354895	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability 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	2
	202
	AHY COUNTY TO THE PART OF THE
Enter new mailing address, if applicable:	S 2 1
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office	ce address on our records, enter the name of the new reg
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 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	Type of Action
MGR	John D. VanGilder	2701 Forest Drive, Melbourne FL 32901	■Add
			□ Remove
MGR	MGR VANGILDER REAL ESTATE CO	 	🗆 Add
		575 SOUTH WICKHAM ROAD, SUITE E WES'	
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			🗆 Add
			□Remove
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ective date, if other than the date of filing:	
effective date, if other than the date of filing:	Pursuant to 605.0207 vill not be listed as
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The s filed.	90th day after the
S theu.	
SEP(TEMBER 3 2021	
ed	
John D. Can Held	
Signature of a member or authorized representative of a member	· ·
John D. VanGilder	
John D. Vanchuci	

Filing Fee: \$25.00