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COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
SUBJEC		PARK VILLAS NORTH LL	С	
SUBJEC	-1:	Name of Lin	nited Liability Company	
The enci	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		JOSELINE PEREIRA		
			Name of Person	
			Firm/Company	
		1805 PONCE DE LEON I	BLVD., SUITE 100 Address	
		CORAL GABLES, FL 33		
			City/State and Zip Code	
		JPEREIRA@CHBSFL.CO	M to be used for future annual report noti	Gostion)
For furth	er information co	oncerning this matter, please c	•	neation)
	DA DUARTE		305 444-1958	
Name of Person		at () Area Code Daytim	e Telephone Number	
Enclosed	is a check for th	e following amount:		
□ \$ 25.0	00 Filing Fee	□ \$30.00 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 s enclosed)
]	Mailing Address Registration S Division of Co P.O. Box 6327 Fallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTURY PARK VILLAS NORTH LLC				
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)			
The Articles of Organization for this Limited Liability Company v	were filed on 8/11/21	and assigned		
Florida document number L21000361576		•		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
CENTURY PARC VILLAS NORTH LLC				
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" o	r the abbreviation "L.L C."		
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 adagent and/or the new registered office address here: Name of New Registered Agent:		7.1 (O)		
Name of New Registered Agent;		<u>F.7 8</u>		
New Registered Office Address:	7			
	Enter Florida street address			
	, Floric	la		
Now Designational Assemble Company of the same That the same	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pro	erformance of my duties, and I	am familiar 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>	<u>Name</u>	Address	Type of Action
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			Charge
			□Remove
		.	□Change
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record spectified.	ifies a delayed	effective date,	but not an eff	fective time, a	t 12:01 a.m. on	the earlier of: (b)) The 90th day:	after the
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		Signatu	re of a member	or authorized	representative of a	member		-

Filing Fee: \$25.00