L21000365311

	(Req	uestor's Name)	
	(Addı	ress)	
	(Addi	ress)	
	(City/	State/Zip/Phon	ie #)
PICK-U	P	MAIT WAIT	MAIL
	(Busi	ness Entity Na	me)
- <u>-</u>			
	(Doc	ument Number)
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Certified Copies		Сеппсате	s of Status
Special Instruction:	s to Fi	iling Officer:	



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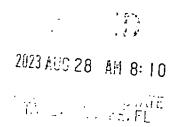
of 9/10/2023

COVER LETTER

	Registration ! Division of Co	,		
SUBJEC		as Brisas, LLC		
SUBJEC	.1;	Name of Lin	nited Liability Company	
		1		
The engle	sed Articles o	f Amendment and fee(s) are sub	amitted for filing	
		condence concerning this matter	-	
r icase ici	atti att correst	iondence concerning and matter	to the following:	
		Francis X. J. Lynch		
			Name of Person	
		Sniffen & Spellman, P.A.		
Firm/Company				
		605 N. Olive Avenue, 2nd	Floor	
			Address	
		West Palm Beach, FL 334	01	
			City/State and Zip Code	
		flynch@sniffenlaw.com		
		E-mail address: (to be used for future annual report not	ification)
For furthe	r information	concerning this matter, please c	all:	
Francis X	. J. Lynch	-	561 721-4004 at ()	
	Name	of Person	Area Code Daytin	e Telephone Number
		the following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is exclused)
		:		
	Aniling Addre		Street Address:	
Registration Section		Registration Section		
		Corporations	Division of Cor	
	P.O. Box 632 Tallahassee,	•	The Centre of 1	e Street, Suite 810
1	andudssuc,	11 32314	Tallahassee, FI	

23 APT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



230 Via Las Brisas, LLC

(Name of the Limited Liability Company as it now appears on our records,)

•	(11 1 10110a Emiarco 1	Campany)	
The Articles of Organization for this Limited Lie Florida document number L21000365311	ability Company	were filed on 08/12	/2021 and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	llity company here	:
The new name must be distinguishable and contain the we	ords "Limited Liabil	lity Company," the desi	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		605 N. Olive Avenue, 2nd Floor	
(Principal office address MUST BE A STREE)		West Palm Beach,	FL 33401
Enter new mailing address, if applicable:		605 N. Olive Aven	ue, 2nd Floor
(Mailing address MAY BE A POST OFFICE I	t is submitted to amend the following: g name, enter the new name of the limited liability company here: It be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the cipal offices address, if applicable: 605 N. Olive Avenue, 2nd Floor West Palm Beach, FL 33401 Ing address, if applicable: 605 N. Olive Avenue, 2nd Floor West Palm Beach, FL 33401 West Palm Beach, FL 33401 It he registered agent and/or registered office address on our records, enter the name new registered office address here: 605 N. Olive Avenue, 2nd Floor West Palm Beach, FL 33401 Francis X. J. Lynch 605 N. Olive Avenue, 2nd Floor Enter Florida street address Enter Florida street address	FL 33401	
B. If amending the registered agent and/or re agent and/or the new registered office address Name of New Registered Agent:	s here:		ords, <u>enter the name of the new registered</u>
New Registered Office Address:	605 N. Olive Avenue, 2nd Floor		
		Enter Florida	street address
,	West Palm Bear	ch	, Florida ³³⁴⁰¹
		City	Zip Code
New Registered Agent's Signature, if changing R	egistered 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

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

Title	Name	Address	Type of Action
MGR	Dan E. Swanson	215 Fifth Street, Suite 100	CJAdd
	•	West Palm Beach, FL 33401	SRemove
	1		□Change
MGR	Francis X. J. Lynch	605 N. Olive Avenue, 2nd Floor	\alpha dd
		West Palm Beach, FL 33401	Петоve
		·	□ Change
			□Remove
			DChange
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<u>ote:</u> If	c date, if other than the date of filing:)5.0207 sted as
ecord s	specifies a delayed effective date, but not an effective time, at 12:01 n.m. on the earlier of: (b) The 90th day aft i.	er the
	AVEV47 17 , 2023	
ited	 '	
ited	Ando	

Filing Fee: \$25.00