h21000371396

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
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Office Use Only



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2022 FEB 28 AM IO: 1

cf 3/7/2022

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: | Name of Lim | ited Liability Company | |
|---|--|---|--|
| | | | |
| The enclosed Articles of . | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Brooke P. McLean | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 92 Sunset Lane | | |
| | | Address | |
| | Shalimar, FL 32579 | | |
| | brooke.mclean@afev.us | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report no | tification) |
| For further information co | oncerning this matter, please c | all: ' | |
| Brooke P. McLean | | 850 651-3766 at () | |
| Name of | f Person | at () Area Code Daytii | me Telephone Number |
| Enclosed is a check for th | ne following amount: | | |
| ■ \$25.00 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 is enclosed |
| Mailing Addres | | Street Address: | action |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | |
| P.O. Box 632 | 7 :1-32314 | The Centre of | Tallahassee oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

AFEV Land Lease, LLC

2022 FEB 28 AM 10: 11

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE TALLAHASSEE, FL

| The Articles of Organization for this Limited I | Liability Company w | rere filed on 08/18/2 | 021 and assigned |
|--|-------------------------|------------------------|--|
| Florida document number L21000371396 | : | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liabili | ity company here: | |
| The new name must be distinguishable and contain the | words "Limited Liabilit | y Company," the design | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | | |
| (Principal office address MUST BE A STRE | <u>ET ADDRESS)</u> | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | EBOX) | | |
| | | | |
| B. If amending the registered agent and/or agent and/or the new registered office address. | | ldress on our recor | ds, enter the name of the new registered |
| Name of New Registered Agent: | Brooke P. McLea | ın | |
| New Registered Office Address: | 92 Sunset Lane | | |
| • | | Enter Florida s | |
| | Shalimar | | Florida 32579 |
| | | Ciţy | 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

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 | Brooke P. MeLean | 92 Sunset Lane | = Add |
| | | Shalimar, FL 32579 | Remove |
| | | | □Change |
| | Sandy Lutyens | 92 Sunset Lane | □Add |
| | | Shalimar, FL 32579 | = Remove |
| | | | Change |
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| an eft <u>ote:</u> | ve date, if other than the date of filing: |
| recor Lis fil | I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| ated | $\frac{2/24}{2}$ |
| | Signature of a member or authorized representative of a member |
| | Signature of a member of authorized representative of a member |
| | Brooke P. McLean |