

(((H22000099976 3)))



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	Fax Mumber	: (850)617-6383 □::
From:		
	Account Name	: BLALOCK, WALTERS, HELD & JOHNSON, P.A. 🖘 🚉
	Account Number	: 076666003611
	Phone	: (941)748-0100
	Fax Number	: (941)745-2093 Fig. 7
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLEARWATER VILLAGE INVESTORS, LLC

Certificate of Status	0
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T. LEMIEUX

ARTICLES OF AMENDMENT Fax Audit #: (((H22000099976 3))) TO ARTICLES OF ORGANIZATION OF

Clearwater Village Investors, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	<u>_</u>
The Articles of Organization for this Limited Liability Company with Florida document number <u>L21000388095</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name wust be distinguishable and contain the words "Limited Liability	y 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, enter the na	me of the new registered
Name of New Registered Agent:	<u> </u>	- 3 _
New Registered Office Address:	Enter Florida sa eet address , Florida	FILED
New Registered Agent's Signature, if changing Registered Agent:	City OR	UP Gode

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

Fax Audit #: (((H22000099976 3)))
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	Casto Vacation Properties, LLC	5391 Lakewood Ranch Blvd., Suite 100	≅Add
		Sarasota, Florida 34240	□Remove
			□ Change
			🗆 Add
			□Remove
			Change
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Fax Audit #: (((H22000099976 3)))

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ffective date, if other than the an effective date is listed, the date mu Note: If the date inserted in this b	ock does not meet the app	dicable statutory filing	requirements, this of	al) ng.) Pursuant to 605.0207 te will not be listed as
ocument's effective date on the D	epartment of State's recor	ds.		
record specifies a delayed effectiv i is filed.	re date, but not an effective	e time, at 12:01 a.m. oi	n the earlier of: (b)	The 90th day after the
	2022			
ated March 17				
Pated March 17	John Hitch	iens		