## K21000407355

(Requestor's Name)
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(Document Number)
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09/30/21--01018--018 \*\*25.00



## **COVER LETTER**

	ration Section n of Corporations	
War SUBJECT:	ater City Park, LLC	
SUBJECT:	Name of Limited Liability Co	mpany
The enclosed Art	ticles of Amendment and fee(s) are submitted for filing	_
ricase return an c	correspondence concerning this matter to the followin	ē:
	Jeffrey M. Miloff	
	Name of	Person
	Water City Park, LLC	
	Firm/Cor	npany
	4707 SE 9th PL	
	Addre	SS
	Cape Coral, FL 33904	
	City/State and	Zip Code
	jmiloff@miloffaubuchonrealty.com  E-mail address: (to be used for fut	
For further inform	nation concerning this matter, please call:	ure annual report notification)
Jeff Miloff	239 at (	565-0831 
	Name of Person Area	Code Daytime Telephone Number
Enclosed is a chec	ck for the following amount:	
<b>≘</b> \$25.00 Filing	Certificate of Status Certified	
Registra Division P.O. Bo	ration Section on of Corporations ox 6327 assee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Water City Park, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 9/13/2021	and assigned
Florida document number L21000407355	
This amendment is submitted to amend the following:	
This amendment is submitted to amend the following.	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the al	breviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	_
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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B. If amending the registered agent and/or registered office address on our records, enter the nam	ne of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	5 PS
Nine Business Office Address	
New Registered Office Address:  Enter Florida street address	
	Zip Code - :
, Florida, Florida	Zip Code -:
New Registered Agent's Signature, if changing Registered Agent:	رب
	- 1
I hereby accept the appointment as registered agent and agree to act in this capacity. I further ag provisions of all statutes relative to the proper and complete performance of my duties, and I am	
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 lit	nited 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:

ı

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Ad</u>	<u>dress</u>	Type of Action
MGR	239 Investments, LLC	P.C	). Box	
		471	5 E. Bluegrass Rd.	■Remove
		Mt	Pleasant, MI 48004	□Change
MGR	239 Properties, LLC	P.C	). Box	
			5 E. Bluegrass Rd.	□Remove
		   Mt.	Pleasant, MI 48004	Change
				□Add
				□Remove
		_		☐ Change
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an effective <b>(ote:</b> If th	e date is listed, the d e date inserted in	late must be specific a	and cannot be prior t meet the applica	to date of filing or more	(optional) than 90 days after filing. quirements, this date	Pursuant to 605.0207 (will not be listed as t
record spo I is filed.	ecifies a delayed c	effective date, but n	ot an effective tii	me, at 12:01 a.m. on t	he earlier of: (b) Th	e 90th day after the
9/27	/2021					
		2				

Filing Fee: \$25.00

Typed[or printed name of signee