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COVER LETTER

TO:

TO: Registration So Division of Cor				
	alty Group Winter Garden LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Alexzander D Gonano			
		Name of Person		
	Gonano Law PLLC			
	 	Firm/Company		
	5550 South US 1 Suite 3			
	· · · · · · · · · · · · · · · · · · ·	Address		
	Fort Pierce FL 34982			
		City/State and Zip Code		
	agonano@gonanolaw.com			
	E-mail address: (to be used for future annual report noti	ification)	
For further information c	oncerning this matter, please c	all:		
Linda Carter		772 464-1032		
Name o	f Person	at () Area Code ————————————————————————————————————	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 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: Registration Se	ction	
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of T	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ferraro Realty Group Winter Gard			
(Name of the Lim	<u>iited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Florida document number L21000439870	Liability Company	were filed on 10/8/2021	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	lity company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		21
(Principal office address MUST BE A STREET ADDRESS)			123
	······································	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	F ROX)		
muning address man be a rost of rec	<u>. 10.11</u>		23
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:	**	ddress on our records, enter the na	me of the new registere
New Registered Office Address:	5550 South US	1 Suite 3	
146 Wegistered Single Francis.		Enter Florida street address	
	Fort Pierce	, Florida ³	4982
	-	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as regulating filed to merely reflect a change in the company has been notified in writing of this	per and complete gistered agent as p cregistered office	performance of my duties, and I am provided for in Chapter 605, F.S. O	familiar with and r, if this document is

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			_Add
			□Remove
			□Change
			🗖 Add
			□Remove
			□Add
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			□Change
			□Add
			□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	<u> </u>
_	· · · · · · · · · · · · · · · · · · ·
. Effective	e date, if other than the date of filing:
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
the record	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 l.
Dated _	08 / 07 / 2023
	Peter A Terraro JR
	Signature of a member or authorized representative of a member
	Peter Ferraro
	Typed or printed name of signee

Filing Fee: \$25.00 Doc ID: 5844ad63e97f7581c3975681708cf72527dd1e2e