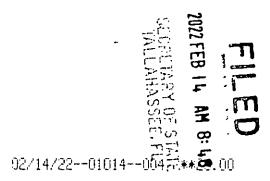
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<u></u>	(Requestor's Name)	
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PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates of S	tatus
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236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	xx	FILING	LLC A	AMEND				_	
1.		PEACHTREE CORNERS I		ENCES	S LLC				
2.		(CORPORATE NAME AND DOCUMEN	T #)	<u>anaa</u>			<u> </u>		
3.		(CORPORATE NAME AND DOCUMEN	T #)					-	
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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor			
CHD IEC		Corners Residences LLC		
SUBJEC	.1:	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Kevin A. Denti, Esquire		
			Name of Person	
		Kevin A. Denti, P.A.		
			Firm/Company	
		2180 Immokalee Road - S	uite #316	
			Address	
		Naples, Florida 34110		
			City/State and Zip Code	
		kdenti@dentilaw.com	to be used for future annual re	and modification)
For furthe	er information co	oncerning this matter, please c		eport notification)
Kevin A.	Denti, Esquire		239 260 at ()	-8111
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the	e following amount:		
≘ \$ 25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
	Mailing Address Registration S		Street Ado	·
	Oivision of Co			tion Section of Corporations
	P.O. Box 6327			tre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peachtree Corners Residences LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records. da Limited Liability Company)	.)
The Articles of Organization for this Limited Liability	Company were filed on October 18, 2021	and assigned
Florida document number L21000452604	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LI.C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS)	72
Enter new mailing address, if applicable:		SS - M
(Mailing address MAY BE A POST OFFICE BOX)		min x U
		TI =
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter th</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	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

Title	<u>Name</u>	Address	Type of Action
MGR	Peachtree Corners Manager, Inc.	999 Vanderbilt Beach Road - Suite #701	🗆 Add
		Naples, Florida 34108	≣Remove
			□Change
MGR	Peachtree Corners DE Manager LLC	999 Vanderbilt Beach Road - Suite #701	≣Add
		Naples, Florida 34108	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Effective date, if other than the	e date of fil	ing:	<u>-</u>		(option	al)	
vote: If the date inserted in this	biock does no	t meet the app	licable statut	iling or more than ory filing requi	90 days after fi rements, this c	ling.) Pursuant to d late will not be l	505.020 isted a
ocument's effective date on the	Department o	f State's record	ds.				
record specifies a delayed effect d is filed.	ive date, but n	ot an effective	time, at 12:	01 a.m. on the	earlier of: (b)	The 90th day a	fter the
February 1 Dated		2022					
		2/ /	17	1 ≟			
	Signature of	a member or au	thorized repre	sentative of a me	mher		
Kevin A. Denti, Esqui			orized tepte	semmere of a me	mUC1		

Filing Fee: \$25.00