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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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(Do	ocument Number)	
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A. BUTLER FEB 2 3 2022

COVER LETTER

TO:		istration Sect sion of Corpo			-	i.
CHD IC		Dead Lakes F	loward Creek LLC			
SUBJE(CI:		Name of Limi	ted Liability Company		
The enc	losed	Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please re	eturn	all correspond	dence concerning this matter t	to the following:		
			Stephen Tarte			
				Name of Person		
			Dead Lakes Howard Creek	LLC		
				Firm/Company		
			3918 N Highland Ave			
				Address		
			Tampa, FL 33603			
				City/State and Zip Code		
			steve.tarte@madridcpwg.com			
For furth	her in	formation con	t:-mail address: (t	o be used for future annual r	report notification)	
Mike Br			varing and maner, prease as	813 365	-0003	
	<u>-</u>	Name of P	erson	at () Area Code	Daytime Telepho	one Number
Enclosed	d is a	check for the	following amount:			
■ \$ 25	.00 Fi	ling 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 Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Dead Lakes Howard Creek LLC

2022 FEB 14 AM 9: 52

(Name of the Limited Liability Company	as it now appears on our of	erords.)
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liability)	oility Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company we	ere filed on 11/10/2021	and assigned
Florida document number 1.21000485690		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	"L1.C" 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 add agent and/or the new registered office address here:	ress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
The registered office Address.	Enter Florida street a	ddress
		Florida
	City	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adecompany has been notified in writing of this change.	formance of my dutie. vided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, 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
MGR	Cribb Philbeck Weaver Group	3918 N Highland Ave, Tampa, FL 33603	🗆 Add
			■Remove
			□Change
MGR	Stephen Tarte	3918 N Highland Ave, Tampa, FL 33603	BAdd
			□Remove
			□Change
		<u> </u>	□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		-	□Add
			□Remove

•	
ivote:	ive date, if other than the date of filing:
e recor rd is fi	rd 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 led.
	02/09/2022
Dated	
Dated	Seria-
Dated	Signature of a member or authorized representative of a member