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Registration Section
Division of Corporations

Villa Dune:	s 2 LLC	, ·	
SUBJECT:	Name of Lim	ited Liability Company	 .
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jonathan Bloom, Esq.		
		Name of Person	
	Bloom & Freeling		
		Firm/Company	
	2295 NW Corporate Blvd.	Suite 117	
		Address	
	Boca Raton, FL 33431		
		City/State and Zip Code	
	jbloom@bloom-freeling.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Jonathan Bloom, Esq.		561 864-0000 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L21000491232</u>	mpany were filed on November 15, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the nan	ne of the new registe
Name of New Registered Agent:		
New Registered Office Address:		202 NE
	Enter Florida street address	2021 NOY
	, Florida	N N
New Registered Agent's Signature, if changing Registered 2	City Agent:	∴ Zip @de
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this capacity. I further ag nplete performance of my duties, and I am ent as provided for in Chapter 605, F.S. Or,	gree to comply with the familians with and , 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>	<u>Address</u>	Type of Action
MGR	Jeffrey Gault	106 Indigo River Point	□Add
		Boca Raton, FL 33432	■Remove
			□Change
MGR	James Coleman	106 Indigo River Point	■Add
		Jupiter, FL 33478	□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
MGR Anita Gupta	106 Indigo River Point	= Add	
	Jupiter, FL 33478	□Remove	
			Change
		-	
			□Remove
		<u> </u>	□Change
		<u> </u>	
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Note:	tive date, if other than the date of filing:
e reco	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.
rd is f	
	November 23 2021
ord is fi	November 23 2021 Signature of a member or authorized representative of a member

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