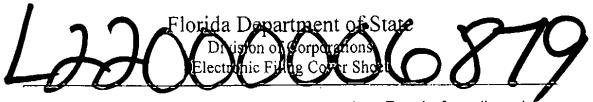
3/28/22, 12:00 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800)906-9220 : (800)906-9880 Fax Number

••Enter	the	email a	address	for	this	busin	<b>es</b> s	entity	to	be	used	for	future
an	nual	report	mailin	gs.	Enter	only	one	email	add	ress	ple	铄.	**

Email Address:\_\_\_\_

جې LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NBV BAYS WATER LLC Certificate of Status

0 1 Certified Copy 03 Page Count \$55.00 Estimated Charge

T. LEMIEUX

Electronic Filing Menu

Corporate Filing Menu

Hel MAR 29 2022

(((H220001131133))) \*

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NBV Bays Water LLC		
(Name of the Limited Liability Come (A Florida Limited	pany as it now appears on our records.)  I Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L2200006879</u>	y were filed on January 7, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Link	bility Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	a address on our regards onto the next	of the inau Baictarad
agent and/or the new registered office address here:	e aduress on our records, enter the name	H
Name of New Registered Agent:		28 LEC
New Registered Office Address:		<u> </u>
	Enter Florida street address	3: 2)
	, Florida	2
	City	Zin Gode

## 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

(((H220001131133))) ·

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	Name	Address	Type of Action
AMBR	Ellec Kim	400 Park Avenue, 16th Floor	■Ađd
		New York, New York 10022	□Remove
			□Change
			DAdd
			Remove
			☐Change
			□Add
			□Remove
			Change
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			Change
			DAdd
			□Remove
			Chara

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## Page 2 of 3

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: I	re date, if other than the date of filing:
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated _	Mann 25, 2022
	Aignature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00