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October 9, 2022

TERRI MURRAY 510 24TH ST, STE A WEST PALM BEACH, FL 33407 US

SUBJECT: CROSS CREEK GARDENS AT QUINCY, LLC

Ref. Number: L22000010221

We have received your document for CROSS CREEK GARDENS AT QUINCY, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last two pages of the document is missing which is required for filing. Please amend the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II

Letter Number: 322A00022539

Please sign the last page.
Thank you.

SEP 2 1 2022

July 12, 2022

Florida Department of State Division of Corporation

To whom it may concern:

Attached please find form requesting change of Registered Agent for the Cross Creek Gardens at Quincy LLC.

If you have any question, please contact me at jbretz@neighborhoodrenaissance.org

Thank you,

Neighborhood Renaissance, Inc.

510 24th St. Ste. # A

West Palm Beach, FL 33407

Phone: 561.832.6776 Ext. # 101

Fax: 561.832.0483

jbretz@neighborhoodrenaissance.org

neighborhoodrenaissance.org

22 OCT 13 BM 12 TOWN

## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: <u>Cro</u>	55 Creek Ga Name of Limi	udens at Oviv	icy, LLC	22 OCT 13 PM 1: 5:
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filling.		ယ ် <u>ာ</u> း
Please return all correspo	ondence concerning this matter	to the following:		
	Tess	Name of Person	····	ichi. 57
	Vei yhi	borbod Renui	ssance, Inc	
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		t territ con		
	Westp	ahr Scuel, i	FL 33407	)
	Jore 1 E-mail address:	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	d Maissane e	.org
For further information of	oncerning this matter, please ca	all:		
Jenn (	1 Brets 1 Person	at ( <u><b>56</b>/</u> ) <u><b>832</b> (Daytime</u>	6776 ext.	10/
Enclosed is a check for t				
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of State Certified Copy (additional copy is one	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Compa	my were filed on	and assigned
Florida document number <u>222000010231</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2 = 2
(Principal office address MUST BE A STREET ADDRESS)		00
	•	<u>-1</u> #2
		<u>-</u>
P. A. Carallina addison. (Compliants).		<b>교</b> 설립인
Enter new mailing address, if applicable:		1 25
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic	ce address on our records, enter th	ne name of the new registered
agent and/or the new registered office address here:	<del></del>	
,	11.11 1 1 1	- 1
Name of New Registered Agent:	leightwood Ren	aissance Inc.
V D : 100 Million 51	o bythe st. stex	4
New Registered Office Address: 51	Enter Florida street address	_
1/2.4	Outer to Co	33407

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

<u> Fitte</u>	<u>Name</u>	Address	Type of Action
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