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Division of Corporations

Florida Department of State  
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STATE OF FLORIDA  
 TALLAHASSEE

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 KABANA COVE GP LLC**

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MAR 18 2022

T. LEMIEUX

1/1

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kabana Cove GP LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/05/2022 and assigned  
Florida document number L22000021595.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Edward Modzel	14 Ponderosa Lane, Nesconset, NY 11767	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jennifer Barner	10701 West 146th Street Overland Park, KS 66221	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chris Freeman	2029 SW Montgomery Drive Portland, OR 97201	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lighthouse Ventures, Inc		<input type="checkbox"/> Add
		2764 Pleasant Rd, Suite A-10621, Fort Mill, SC 29708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Pacific Pine Property, LLC		<input type="checkbox"/> Add
		2764 Pleasant Rd, Suite A-10621, Fort Mill, SC 29708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Three Oaks Management LLC		<input type="checkbox"/> Add
		2764 Pleasant Rd, Suite A-10621, Fort Mill, SC 29708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change



**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 03/16/2022 \_\_\_\_\_

Paul H. H.

Signature of a member or authorized representative of a member

David Utley

Typed or printed name of signee

**Filing Fee: \$25.00**