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XX	РНОТОСОРУ	
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COVER LETTER

Division of Coa			
	s Residences 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:	
	Kevin A. Denti, Esquire		
		Name of Person	
	Kevin A. Denti, P.A.		
		Firm/Company	
	2180 Immokalee Road - S	uite #316	
		Address	
	Naples, Florida 34110		
		City/State and Zip Code	
	kdenti@dentilaw.com E-mail address: (to be used for future annual report no	ufication)
For further information c	oncerning this matter, please co	·	•
Kevin A. Denti, Esquire	,	239 260-8111	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section	Street Address: Registration So Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Estero Oaks Residences LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000038164	were filed on February 3, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		122 MAR
Enter new mailing address, if applicable:		23 = 1
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zıp Code
New Registered Agent's Signature, if changing Registered Agent;	i.	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Walter S. Hagenbuckle	999 Vanderbilt Beach Road - Suite #701	□Add
		Naples, Florida 34108	■Remove
			🗀 Change
MGR	Estero Oaks DE Manager LLC	999 Vanderbilt Beach Road - Suite #701	BAdd
		Naples, Florida 34108	□Remove
			🗀 Add
			□Remove
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			Change

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Effective date, if other than the It an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the	applicable statutor	ng or more than 90 ry filing requirem	days after filing) Pursu ents, this date will no	ant to 605.020 of he listed a
e record specifies a delayed effective rd is filed.	date, but not an effe	ective time, at 12:0	I a.m. on the earl	ier of: (b) The 90th	day after the
Dated March 22	, 202	2			
Michil	£ -,				
			 		
	Signature of a member	or authorized represe	entative of a member	<u></u>	

Filing Fee: \$25.00