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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : 119990000021

Phone

: (904)356-2600

Fax Number

: (904)355-0233

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address	:
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HARBOUR POINT LLC

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OCT 11 2024

17.

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18.0

are mis

## ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION **OF** 

HARBOUR POINT LLC		
(Name of the Limited Liability Comp (A Florida Limited	nny as it now appears on our records. Liability Company)	
	F-1 2 2022	
The Articles of Organization for this Limited Liability Compan	y were filed on February 2, 2022	and assigned
Florida document number L22000055805	.:	
This amendment is submitted to amend the following:		
All If amending name, enter the new name of the limited lia	bility company here:	
1206 HARBOUR POINT DRIVE LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		<del></del>
	<del></del>	<del></del>
		<u>်</u> ာ လ
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	7:	<u> </u>
	•	30
B. If amending the registered agent and/or registered office	address on our records, enter th	ie name of the new registered
agent and/or the new registered office address here:		ي <b>ي</b> ي
	•	15 of
Name of New Registered Agent:	f ·	
New Registered Office Address:		
	Enter Florida street address	
	. Flor	ida
<del></del>	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 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

From: Kate Schmidberger

To: Nation Page: 3 of 4 2024-10-10 11:47:09 PDT 19044673639 From: Kate Schmidt Docusign Envelope ID: B3344337-5A8F-48E7-A447-096ED42436F8
H-amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H24000341027 3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	ZIMMERMAN FAMILY REVOC.	769 HAWKS RIDGE RD	□Add
		PORT ORANGE, FL 32127	<b>≡</b> Remove
			☐ Change
MGR	REBECCA ZIMMERMAN	769 HAWKS RIDGE RD	
		PORT ORANGE, FL 32127	□Remove
			<b>■</b> Change
MGR	ERIC ZIMMERMAN	769 HAWKS RIDGE RD	<b>=</b> Add
		PORT ORANGE, FL 32127	□Remove
			□Change
·			
	·		Remove
		<del></del>	
			Remove
		<u> </u>	□Change
uudgh e	,	<del></del>	□Add
1-	eropri T	T	Remove
• •		·	□Change

A(M)

H24000341027 3

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	· · · · · · · · · · · · · · · · · · ·
	<del></del>
	i.
	tive as the second seco
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E. Effectified (If an expected Notes documents)	tive date, if other than the date of filing:
Tthe recessord is	ord 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 filed.
Date	October 2, 2024
	Enc Emmuman  Exercise Signature of a member or authorized representative of a member
<b>.</b>	Eric Zimmerman
	Typed or printed name of signee
F.E.	<del>We are a second and the second are all the second and the second are all the second are </del>

Filing Fee: \$25.00