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2022.FEB 28 AM 9: 40

A RAMSEY MAR 09 2022

COVER LETTER

	venue South 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	ndence concerning this matter	to the following:	
	Craig Johnson		
	-	Name of Person	
	Ag One Financial Inc		
		Firm/Company	
	302 3rd Street Ste 4		
		Address	
	Neptune Beach, FL 32266		
	······································	City/State and Zip Code	
	taxes@ag1financial.com	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c		.ca.to.t,
Craig Johnson		904 429-4748 at ()	
Name o	f Person	Area Code Daytime	: 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		<u>Street Address:</u> Registration Sec	rtion
Registration S	JUCHUR .	Registration Sec	ALICHI

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

ARTICLES OF ANIL.

TO

ARTICLES OF ORGANIZATION FILED

OF

2022 FEB 28

4H 9:40

(Name of the Limited Liability Company as it now appears on our rycords.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on February 4, 2022 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ocean Walk Villa LLC 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

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.

City

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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			Remove
			□Change
			□Remove
		<u></u>	□Change
			🗆 Add
			□Remove
			□Change
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Effective date, if other than the date if an effective date is listed, the date must be s	e of filing:	to data of filling on more	(optional)	ought to 605 020
Note: If the date inserted in this block of	does not meet the applic	able statutory filing re	quirements, this date will	not be listed a
document's effective date on the Depart	ment of State's records			
 record specifies a delayed effective dated rd is filed. 	e, but not an effective to	ime, at 12:01 a.m. on t	he earlier of: (b) The 90	th day after the
Dated $Z/2$	2022			
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A STA		2		
Sign	ature of a member or auth	()	dember Grillot	