L22 000077111

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TALLAHASSE STATE

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

JDC FREDE SUBJECT:	ERIC LUXURY ESTATES						
	Name of Limi	ted Liability Company					
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.					
Please return all correspo.	ndence concerning this matter	to the following:					
	FREDERIC, JOUBERT						
		Name of Person					
		Firm/Company					
		Address	.				
	291 WOODLAND RD						
	PALM SPRINGS FL 33461						
		to be used for future annual report no	tification)				
	oncorning this matter, please ca						
FREDERIC, JOUBERT		561 9322659 at ()					
Name o	f Person	Area Code Daytii	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addres		Street Address: Registration S	ection				
Registration S Division of C		Division of Co					
P.O. Box 632		The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

JDC FREDERIC LUXURY ESTATES

(Name of the Limited Liability Comp (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	Liability Company) TALLAHASSEE, Fland assigned
The Atticles of Organization for this Elimited Elability Compani	were filed on and assigned
Florida document number 1.22000077111	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
JDC FREDERIC LUXURY ESTATES LLC	
The new name must be distinguishable and contain the words "Limited Liab	ility 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 agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida

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 Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			□Change
		-	□Add
			□Remove
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record Lis file		s a delayec	J effectiv	re date, bu	t not an e	ffective t	ime. at 12:	01 a.m. on	the earlie	r of: (b)	The 90th d	ay after the
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