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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 : (407)418-2435 : (407)420-5909 Fax Number

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAINBRIDGE NOCATEE, LLC

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T. LEMIEUX APR 1 2022 (((H220001186883)))

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

Bainbridge Nocatee, LLC				<u></u>
(Name of the Limited	Ljability Compar	iy as it now appears on our re lability Company)	cords.)	
				and assigned
The Articles of Organization for this Limited Liab	онну Сотрапу	were med on		and assigned
Florida document number L22000099946	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	lity company here:		
Bainbridge Ponte Vedra, LLC				
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designation	"LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	n/a		
(Principal office address MUST BE A STREET	ADDRESS)			
				
Enter new mailing address, if applicable:			<u></u>	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			
B. If amending the registered agent and/or reg	gistered office a	iddress on our records, <u>e</u>	nter the na	me of the new registered
agent and/or the new registered office address	<u>here</u> :			
			*	F. 28
Name of New Registered Agent:	n/a			C.E. 28
				AR T
New Registered Office Address:		Enter Florida street a	addras s	Si. 0 =
		Enter 1 to the Street is	au Cos	SFI - EI
			_, Florida _	
		City		Carrollo Co
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered	avent and avr	ee to act in this capacity	. I further a	
provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete tered agent as p gistered office	performance of my dutie provided for in Chapter (es, and Lan 605, F.S. O	n famitiar with and r, if this document is
	If Char	iging Registered Agent, <u>Signa</u>	ture of New 1	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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
n/a			□Add
			□Remove
			☐Change
		□Remove	
		□Change	
			□ Add
		□Remove	
		Cl Change	
		□Remove	
			□Change
			⊐Add
		□Remove	
			□Change
		□Add	
			[☐Remove
(((H220001186	88 3)))		Change.

(((H22000118688 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: (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 March 31 2022 1st Heather Irving Signature of a member or authorized representative of a member

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Heather Irving, Authorized Representative

Typed or printed name of signee