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COVER LETTER

TO: Registration So Division of Cor				
	Title Investors LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Matthew Szalecki			
		Name of Person	 	
	Celebration Title Investors	s LLC		
		Firm/Company		
	1170 Celebration Blvd, St	nite 200	m	/. <i>[</i>
		Address		
	Celebration FL 34747			
		City/State and Zip Code		C
	matthew.szalecki@kw.com		717 i. 717 i.	ij
For further information of	e-mail address: (oncerning this matter, please o	(to be used for future annual report notif	ication)	ب بر
Matthew Szalecki		919 9955927	r-1	Ž.
Name o	f Person	at () 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)	ı
Mailing Addres		Street Address:		
Registration S Division of C		Registration Sec Division of Cor		
P.O. Box 632		The Centre of T		
Tallahassee F			Street Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Celebration Title Investors LLC			
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records,)	_
The Articles of Organization for this Limited L Florida document number 1.22000127494	iability Company were filed on $\frac{37}{2}$	14/2022 and	d assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company he	<u>:re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviatio	n "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		-3
		<u></u>	022
			图 7%
Enter new mailing address, if applicable:		<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE	BOX)		: œ :
		ري د ري د .	بحد أ
B. If amending the registered agent and/or		ecords, enter the name of the	
agent and/or the new registered office addre	ess here:	r,	
Name of New Registered Agent:	Vanessa Franz Barnes		
New Registered Office Address:	1170 Celebration Blvd Suite 200		
	Enter Flor	ida street address	
	Celebration	, Florida <u>34747</u>	
	City	Zip Co	oxle
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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mauthew Szalecki	1170 Celebration Blvd	
		Celebration, FL 34747	≋Remove
			□Change
MGR V	Vanessa Franz Barnes	1170 PeleBration Blud Suite 2 CellBration for 34747	<u>)</u>
		Celebration Fr 34747	□Remove
			□Change
			🗀 Add
			2029 NOV 28 (11) 9 SERRETCHANGE Add
			□Change
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ote: If the date inserted in this block	does not meet the applica	able statutory filing re	quirements, this date wi	asuant io 003.0207 Il not be listeg∫as
ocument's effective date on the Depa	riment of State's records.			高
				-
record specifies a delayed effective de	ate, but not an effective til	me, at 12:01 a.m. on t	he earlier of: (b) The 9	Oth day after the
is filed.				
November 9	2022	,		
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Miller	//			
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Sig	nature of a member or autho	representative or t	/	

Filing Fee: \$25.00