LZZ_000133796

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | · #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|--|--|--|--|--------|
| 1405 VILLA | AGE GREEN DRIVE 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: | | |
| | JOHN RANDAZZO | | 202 744 | |
| | | Name of Person | 2023 NAR 1 3 | 71 |
| | | Firm/Company | ————————————————————————————————————— | |
| | 1405 SE VILLAGE GREE | EN DRIVE, UNIT AS | PH 2: 07 | \Box |
| | | Address | 0.7 | |
| | PORT ST. LUCIE, FL 349 | 952 | | |
| | elec246@aol.com | City/State and Zip Code | | |
| For further information e | E-mail address: (oncerning this matter, please c | to be used for future annual report notestall: | ication) | |
| Sandra Cirelli | | 772 444-0101 | | |
| Nume o | l Person | Area Code Daytim | · Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Cartified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing Addre | Section | Street Address: Registration Se | | |
| Division of C P.O. Box 633 | - | Division of Cor The Centre of T | allahassee | |
| Tallahassee. | FL 32314 | 2415 N. Monro | e Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1405 VILLAGE GREEN DRIVE LLC | 100000000000000000000000000000000000000 | | . |
|--|--|--------------------|-------------------|
| (Name of the Limited Liability (A Florida L | Company as it now appears on our re- limited Liability Company) | cords.) | |
| The Articles of Organization for this Limited Liability Cor | mpany were filed on MARCH 17. | 2022 | and assigned |
| Florida document number 1.22000133796 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, <u>enter the new name of the limite</u> | ed liability company here: | | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation " | 'LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRE | <u> </u> | | [N) |
| | | 20 | HZ. |
| | | | |
| Enter new mailing address, if applicable: | | \$2. \$2. | i |
| (Mailing address MAY BE A POST OFFICE BOX) | ····· | | <u>ω</u> (" |
| maning address war be a rost of rece box | | | == == |
| | | | ιö |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, <u>er</u> | nter the name o | f the new registo |
| Name of Chicago Development Asserts | | | |
| Name of New Registered Agent: | | •• | |
| New Registered Office Address: | | | |
| | Enter Florida street a | ddress | |
| | | _, Florida | W. C. J. |
| | 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 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 | BRUCE VENTURINO | 1405 SE VILLAGE GREEN DRIVE | □Add |
| | | PORT ST. LUCIE, FL 34952 | ≅Remove |
| | | | ⊡Change |
| | | | □Add |
| | | | Remove |
| | | | ⊡Change |
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| | MARCH 2, 2023 |
|----------------|--|
| ffec | tive date, if other than the date of filing: (optional) [Tective 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 |
| Note: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| | nent's effective date on the Department of State's records. |
| | |
| reco d is f | rd 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 iled. |
| | ρ |
| | MARCH 2 023 |
| Datec | |
| Datec | 1 H May |
| Datec | - AMMININE STATE OF THE STATE O |
| Datec | Signature of a thember or authorized representative of a member |

Filing Fee: \$25.00