5/27/22, 2:40 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000188194 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONROY, CONROY & DURANT, P.A.

Account Number : I20190000025 : (239)649-5200 Phone Fax Number : (239)649-8140

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TREE CREST, LLC

Certificate of Status	0
Certified Copy	0
Page Count	0 6
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

		COVERLETTER	(((H22000188194 3)))
TO: Registration So Division of Cor			((((112000 19010 10)))
SUBJECT: Tree Cre	st, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	indence concerning this matter	r to the following:	
	Gregory Wetzel		
		Name of Person	
	Conroy, Conroy & Du	rant, P.A.	
		Firm/Company	
	2210 Vanderbilt Beac	h Road, Suite 1201	
		Address	
	Naples, FL 34109		
		City/State and Zip Code	
	filings@naplesproperty	ylaw.com (to be used for future annual report notific	cetton)
For further information of	oncerning this matter, please o		
Gregory W. Wetzel		a. (239- \ 649-5200	
Nume of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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		Street Address:	
Registration S Division of Co		Registration Sect Division of Corp	
P.O. Box 632		The Centre of Ta	
Tallahassee, F	L 32314	2415 N. Monroe Tallahassee, FL 3	Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000188194 3)))

Tree Crest, LLC (Name of the Limited Liability Compress) (A Florida Limited	any a <u>n it now appears on our records.</u>) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000163655		:d
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	23111 Tree Crest Court	
(Principal office address MUST BE A STREET ADDRESS)	Estero, FL 34135	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3523 Via Beltran San Diego, California 92117	- <u>-</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new res	zistered
	7	<u>_</u>
New Registered Office Address:	Enter Florida street address Florida	100 / ANO XI
	City . Zip Code	Ĺ
New Registered Agent's Signature, if changing Registered Agent:	38	
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further agree to comply w	ith the

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

PAGE 04/05

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 = M $AMBR = A$	= Manager (((H22) R= Authorized Member		(((H22000188194 3)))
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			□Add
		-	□Rentove
			□Add
			□Chango
		 	□Remove
			☐ Change
			D6A⊡
			□Remove
			Change
_			□Add
			□Rcmove
			□ Change

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amending any other	information, enter	change(s) here:	(Attach additional st	neets, if necessary.)	
					
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ective date, if other ti	nan the date of filin	ig		(optional)	
neffective date is listed, the ter. If the date inserted i	n this block does not r	meet the applicable	ate of filling or more than: estatutory filling requir	90 days after filing.) Pu ements, this date wil	rsuant to 605 0207 I not be listed as
ument's effective date o	in the Department of S	State's records			
cord specifies a delayed s filed.	offective date, but not	t an effective time.	at 12:01 a.m. on the ea	arlier of: (b) The 90	Ith day after the
ed May 27, 2022					
	K //	·			
	UK WY	<u> </u>			
	(VSignature of a	member or authorize	d representative of a men	ber	
Gregory W V	Vetzel, Registered	l Agant			
		1 AOEN			