L 2200016488

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COVER LETTER

TO: Registration Se Division of Cor			
Amari Villa	as, LLC		
SUBJECT: 4		ed Liability Company	
	Amendment and fee(s) are submendence concerning this matter to		
Please return all correspo	ingence concerning this matter of	, the following.	
	Cheryl Amari		2023 KAR 30 PH 2: 20
		Name of Person	
	Amari Villas, LLC		38 1
		Firm/Company	
	211 Atley Pl		2:21
		Address	m
	Alpharetta, GA 30009		
		City/State and Zip Code	
	cherylamari@gmail.com E-mail address. (t	o be used for future annual report notification	on)
For further information	concerning this matter, please ca	nll:	
Cheryl Amari		678 371-5062	
Name	of Person	Area Code Daytime Tel	lephone Number
Enclosed is a check for	the following amount:		
□ \$25,00 Filing Fee	☐ \$30.(X) 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)
<u>Mailing Addr</u> Registration		Street Address: Registration Section Division of Corpo-	on

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amari Villas, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000176488</u>	were filed on April 12, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Cheryl Maria Amari, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	\sim \sim \sim
Enter new principal offices address, if applicable:	13 York Ln
Principal office address MUST BE A STREET ADDRESS)	Unit C
	Inlet Beach, FL 32461
Enter new mailing address, if applicable:	211 Atley Pl
Mailing address MAY BE A POST OFFICE BOX)	Alpharetta, GA 30009
3. 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 registe
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
·			□Add
			□Remove
			Change
			□Add
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			□ Add C TO Remove C TO Change
			☐ Remove
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			□Remove

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ctive date, if other than the date of filing: Affective date is listed, the date must be specific and cannot be prior to date of fili	(optional) ing or more than 90 days after filing.) Pursuant to 605.
If the date inserted in this block does not meet the applicable statutoment's effective date on the Department of State's records.	ry filing requirements, this date	will not be liste
ord specifies a delayed effective date, but not an effective time, at 12:0 filed.	l a.m. on the earlier of: (b) Th	e 90th day after
med.		
d March 27th 2023		
d March 27th 2023 Signature of a member of authorized representations of the second	mari	