8/16/22, 1:15 PM

1 98/16/2022

10:21 AM TO:18506176383 FROM:4073703120

Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686 Fax Number : (407)370-3120

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

Email Address: MAYRAEL LARGONACE. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE HUB GARDEN DEVELOPMENT LLC

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COVER LETTER

TO: Registration Se Division of Cor	ction porations		, •
	GARDEN DEVELOPMENTA	.1.(
SUBJECT:	Name of Lini	ted 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:	
	CAROLINE G LARON		
	·	Name of Person	
·	LARSON ACCOUNTING	GROUP	
		Firm/Company	
	7901 KINGSPOINTE PKV	WY STE 17	
		Address	
	ORLANDO, FL 32819		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report it	notification)
For further information e	oncerning this matter, please ca	nII:	
CAROLINE G LARSOI	N.	407 3703686	
Name o	f Persim	at ()	time Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	☑ \$30.00 Filing Fec & 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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE HUB GARDEN DEVELOPM	ENT LLC						
(Name of the Limite	ed Lightlity Compan (A Florida Limited Li	<u>v as it mov ap</u> ability Compar	igar <u>y oo our regords.</u> y))			
The Articles of Organization for this Limited Li lorida document number <u>L22000223952</u>	ability Company v	vere filed on	05/12/2022		_ and assig	äueq	
his amendment is submitted to amend the follo	owing:						
A. If amending name, enter the new name of	the limited liabil	ity company	r here:				
THE HUB AT WESTSIDE GARDEN LLC							
he new name must be distinguishable and contain the w	ords "Limited Liabilit	у Сопрану." (he designation "LLC"	or the abbre	viation "L.I	,r	
j Enter new principal offices address, if applic	able:	N/A					
Principal office address MUST BE A STREE	TADDRESS)					— -	
			<u>, — — — — — — — — — — — — — — — — — — —</u>			·	-
Enter new mailing address, if applicable:		N/A				<u>-</u>	
Mailing address MAY BE A POST OFFICE	BOX)						
						<u>.</u> <u>-</u>	
B. If amending the registered agent and/or r agent and/or the new registered office addres Name of New Registered Agent:		ddress on o	ir records, <u>enter t</u>	he name (of the general ANALYSEE	\$022 AUG 16	APPR Ah Fili
New Registered Office Address:					<u> </u>		7 <u>0</u> 05
		r.nter	Flurida street address		17.15	<u>د:</u>	
		Ciņ			ZgrCisch	(3	
New Registered Agent's Signature, if changing I	Registered Agent:						
I hereby accept the appointment as registere provisions of all statutes relative to the propace of the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete j istered agent as p registered office (verformance rovided for	e of my duties, am in Chapter 605, F	d Lam fan √S. Or. it	niliar with this docu	hand mem i	
	If Chan	ging Registere	d Agent. Signature of	New Regis	tered Vgent		

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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

Title	Name	Address	Type of Action
N/A	N/A		ClAdd
			Remove
			Change
			□ Add
			□ Remove
			□Change
			□Add
		·	□ Remove
			□Change
			□Add
		Remove	
			□ Change
			🗀 Add
		□Remove	
			Change
			□Remove
			∏Channe

ge:	6 08/16/2022 10:21 AM TO:18506176383 FROM:4073703120
i).	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A
	Effective date, if other than the date of filing: (optional)
! *	Effective date, if other than the date of filing: (tran effective date is listed, the date must be specific and cannot be prior to date of filing of 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 to document's effective date on the Department of State's records.
	he 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 ord is filed.
	Dated AUGUST 16 2022
	Signifure of a member or authorized representative of a member
	RONALDO MONTENEGRO (AMBR)
	Typed or printed mane of signee

Filing Fee: \$25,00