

2025 *** - 3 | 177 | 4:35

Office Use Only

PICK-UP

Certified Copies _____

Special Instructions to Filing Officer:

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Lom
-7-7 hone Number
2 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
ons issee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Lantana</u> Collect	ive UC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	2024
The Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Imited Liability Company version version of the Imited Liability Company version ver	23	and assigned
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10061 CHESHUNT OFLANDO FL, 328	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10061 Chesilint Orlando FL, 329	DL 177
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the nam</u>	ie of the new registered
Name of New Registered Agent: ESE	etany Londono 61 Cheshont DR	
	Emer Florida street address Y (M) (O), Florida	328-17 Zup 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Michelle C. Shuret	3162 Little Sand Pa	<u>l</u> € □Add
	Men act	3162 Little Sand PM ORIGINO FL, 32827	XRemove
			□ Change
HGR	Malia Pia Desangles	1810 NW 23RD BLVD	X Add
	resurgies	#224 GATINESVILLE, FL 32605	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

amending	any other informat		-				•
	Michelle 1				,		
	337. DF		•		·		-to
	ntary di			•			
	edie 51						
PC	UH OF 17						0 9
<u></u>	ea) on	t. Maria	Pia	<u>Descongi</u>	<u>es 5</u>	hould	have
	All DWYERS	ind of	my 3	31. Ma	WING	FORW	and.
							
 -					,		
fective dat	e, if other than the	date of filing: _	<u> </u>			(optional))
n effective da	te is listed, the date must ate inserted in this blo	he specific and can	iot be prior to dai		e than 90 day	ys after filing	.) Pursuant to 605,020
cument's ef	fective date on the De	partment of State	's records.				
	ies a delayed effective	e date, but not an e	ffective time, a	ıt 12:01 a.m. or	the earlier	of: (b) Th	ne 90th day after the
is filed.							
ted	May 7th	M	2024.		1		
	1	h Ti Mulle	<i>i)</i>	0-	\int_{Ω}	(1) To	
		Mill Myll Signature of a memb	ber or authorized	representative o	1 inember		
	1	hada O	C	t Hen	100		
	riic	hele C.	24 (HB)	THUM	うしして		