

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special institutions to Filling Officer.
Q. su .
" SILAS
Q. SILAS JUL 0 8 2022

Office Use Only



900373316509

07/07/22--01005--018 ++60.00

5152 JUL -7 PH 12: 3

SECRETIAN OF STATE
SECRETIAN OF STATE

When you need ACCESS to the world

CORPORATI	3
ACCESS	

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

			•			
		PICI	K UP:	7/7 DANNY	_	
	XX	CERTIFIED COPY PHOTOCOPY				
	XX	CUS	GS		~-·	
	XX	FILING	LLC	AMEND		
1.		BRIER CREEK RESID		LLC		
2.	_	(CORPORATE NAME AND DOCU	MENT #)			
3.	_	(CORPORATE NAME AND DOCU	MENT #)			
4.	_	(CORPORATE NAME AND DOCU	MENT #)			
5.		(CORPORATE NAME AND DOCU	MENT #)			
6.		(CORPORATE NAME AND DOCU	MENT #)			
	CIAL TRUC	CTIONS:				

COVER LETTER

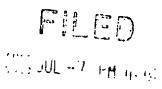
Division of Co	rporations		
CUD ILCOR.	ek Residences LLC		
Sobstor.	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kevin A. Denti, Esquire		
		Name of Person	
	Name of Person Kevin A. Denti, P.A. Firm/Company 2180 Immokalec Road - Suite #316 Address Naples, Florida 34110 City/State and Zip Code kdenti@dentilaw.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call:		
		Firm/Company	
	2180 Immokalec Road - S	uite #316	
	 ,	Address	
	Naples, Florida 34110		
		City/State and Zip Code	
	"		
For further information		·	nomeann
	-		
Kevin A. Denti, Esquire		239 260-811 at ()	l
Name o	of Person	Area Code Day	rtime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>ss:</u>	Street Address	<u>:</u>

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

TO: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Brier Creek Residences LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number L22000228410	were filed on May 25,	. 2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil.	ity Company," the designa	tion "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		.	
Enter new mailing address, if applicable:	<u>-</u> -	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	ls, <u>enter the name o</u>	the new registered
Name of New Registered Agent:			-
New Registered Office Address:			
	Enter Florida str	eet address	
		, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Ciţi	2	Gp Code

N

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>	Name	Address	Type of Action
MGR	Walter S. Hagenbuckle	999 Vanderbilt Beach Road - Suite #701	□Add
		Naples, Florida 34108	≣Remove
			□Change
MGR	Brier Creek Manager, Inc.	999 Vanderbilt Beach Road - Suite #701	= Add
		Naples, Florida 34108	□Remove
			□Change
	-77-1		□Add
			□Remove
			□Change
	·		□Add
			□Remove
			□Change
			
			□Remove
			□Add
			□Remove
			□ Change

					
·**	 				
					
		· · · · · · · · · · · · · · · · · · ·		-	
				-	-
		<u>.</u>	- .		
					
1: 0			<u>.</u>	-11	
					
					
				·	
					
ee a a a a a					
ffective date, if othe an effective date is listed, tote: If the date inserte ocument's effective da	the date must be specified in this block does i	c and cannot be prion not meet the applic	r to date of tiling or mo cable statutory filing	(option ore than 90 days after file grequirements, this d	al) ing.) Pursuant to 605.0207 ate will not be listed as
record specifies a delay Lis filed.	yed effective date, bu	t not an effective t	time, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
		2022			
ated					
Pated June 28	M. l. b	lti			
Pated June 28	M' (. L. Signature	of a member or auth	orized representative	of a member	

Filing Fee: \$25.00