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Office Use Only



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A. EUTLER

JAN - 9 2023

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: The Venue		ited Liability Company		
	1 mile (// 1211)	nea chaonty company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Angela J. Jones			
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
	Locklin, Saba, Locklin &	Jones, P.A.		
		Firm/Company		
	4557 Chumuckla Highway	,		
	1551 Ommerkar right a	Address		
	Dona El 23571			
	Pace, FL 32571	City/State and Zip Code	<del> </del>	
	ajjones@ljsławfirm.com			
	E-mail address: (	to be used for future annual report not	ification)	
For further information e	oncerning this matter, please c	all:		
Angela J. Jones		850 \ 995-1102		
	f Person	at ( 850 ) 995-1102 Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &	
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		***************************************	Street Address: Registration Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TO ED

The Venue at Royal Acres, LLC

2022 OCT +3 AH IO: 30

(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 were filed on July 20, 2022 Florida document number 1.22000321970 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Venue at Hidden Falls, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" or the abbreviation "L.L.C." 5631 Tilubo Lane Enter new principal offices address, if applicable: Pace, FL 32571 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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
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			□Remove
			□Change
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