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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Busiless Chury Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	•
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3. HOREK 20th	
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Office Use Only	



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RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE ,	06/20/2024	**WALK I	N**
ENTIT	Y NAME TAVARE	ES CAGAN URBAN DEVELOPMENT, LLC	
DOCU	MENT NUMBER_		_
		PLEASE FILE THE ATTACHED AND RETURN	
XXXX	XXX	Plain Copy Certified Copy Certificate of Status	
	**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
		Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Inclading Annual Reports) Certificate of Status Certificate of Status Reflecting:	-
		APOSTILLE' / NOTARIAL CERTIFICATION	
		TES REQUESTED	
ТОТА	L OWED \$ 25.00	ACCOUNT # 120160000072 4: C)	W
Pleas	e call Tina at th	be above number for any issues or concerns. Thank you so much!	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ART	ICLES OF	CO ORGANIZATIO OF	ON	
	·	-		
TAVARES CAGAN URBAN DE	VELOPMENT, L	LC		*****
(Name of the Lim	(A Florida Limited	osny se it now appears on Liability Company)	our records.)	·
The Articles of Organization for this Limited I	Liability Compan	y were filed on 08/22/2	2022 and a	assigned
Florida document number L22000366778		, <u></u>		J
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lia	bility company here:		
Tavares Heritage Square, LLC				
The new name must be distinguishable and contain the	words "Limited Liel	oility Company," the design	nation "LLC" or the abbreviation	LLC."
Enter new principal offices address, if appli	cable:	N/A		
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our recor	ds, enter the name of the n	ew registered
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter Florida s	trees address	
			FW 2 3 =	
		City	, Florida Zip Cod	le .

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>	Name	Address	Type of Action
		N/A	□Add
			☐ Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
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			Change
	<u>.</u>		□Add
			□Remove
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		<u> </u>	□Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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vote:	ive date, if other than the date of filing: (optional) extive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
recor l is fii	d 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 led.
ated	6 /19 /24
	Signature of a member of authorized representative of a member
	Bryan Cagan

Filing Fee: \$25.00