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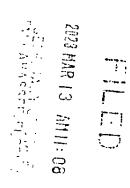
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	

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A. RIVERS MAY - 7 2023

COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: REGENCY MANO	AGEMENT COMPANY ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Michel	Scala Name of Person
REGENCY	MANAGEMENT COMPONY
	Address
Winter Ga Michel @ re	City/State and Zip Code Gency agents · com be used for future annual report notification)
For further information concerning this matter, please cal	
Michel Scala Name of Person	at (321) 303 - 4539 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\text{Certificate of Status}\$	□ \$55.00 Filing Fee & □ \$60.00 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

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

REGENCY MANA	AGEMENT COMPANY, CLC
(Name of the Limited Liability Compa (A Florida Limited	AGEMENT (OMPANY) LLC any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>Laappoons</u> 389511.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>pility company here</u> :
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	1010 Vineland Rd.
(Principal office address MUST BE A STREET ADDRESS)	1010 Vineland Rd. Winter Garden, FL 34787
Enter new mailing address, if applicable:	1010 Uneland Rd.
(Mailing address MAY BE A POST OFFICE BOX)	Winter Garden, FL 34787
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: \(\cappa \)\(\cappa \)	Vincland Road &
Winte	Emer Florida street address Coaden Florida 34787 Zip 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 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
AMBK	ALEXIS ANDERSON	1010 Vineland Rol.	□ Add
		Winter Garden, FL	□Remove
		34787	Change
AMBR Michel S	Michel Scala	1010 VINECANO RD.	🗆 Add
		WINTER CALDEN, FO	, □Remove
		34787	Nange
AMBR	HEATHER BOSTON	.,	□Add
		Winter Garden, FL	□Remove
		34787	Change
			/ □Add
			□Remove
		 	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Chanus

	fing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	-
_	
_	
	<u> </u>
lf an effect <u>Note:</u> If	date, if other than the date of filing:
e record s rd is filed	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 .
Dated	MARCH 8 . ZOZ3. Michel Lake
	Signature of a member or authorized representative of a member
	Michel Scala
	Typed or printed name of signee

Filing Fee: \$25.00