10/18/2022 3.86 PH HCG -> 91866176381 6 2 437933 Florida Department of State
Division of Corporations Electronic Filing Cover Sheet
- Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
(((H22000357837 3)))
Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
To: Division of Corporations Fax Number : (850)617-6383
From: Account Name : MAYNARD COOPER & GALE, P.C. Account Number : I20220000140 Phone : (407)647-2777 Fax Number : (407)647-2157 **Enter the email address for this business entity to be used for future
Email Address: Analy O Condevil. Com
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONDEV VIERA INVESTORS I, LLC
Certificate of Status Certificate of Status Certified Copy Page Count Estimated Charge Certificate of Status Certified Copy O Certified Copy O O Certified Copy O Certified Copy O Certified Copy O Certified Charge Certified C
Electronic Filing Menu Corporate Filing Menu Help

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H22000357837 3 COVER LETTER

TO: Registration S Division of Co					
	era Investors I, LLC				
SUBJECT:	<u> </u>				
The enclosed Articles of	Amendment and fec(s) are sul	bmitted for filing.			
	ondence concerning this matter				
	Andrew M Gardner				
		Name of Person			
	Condev				
		Firm/Company			
	921 N Pennsylvania Ave				
		Address		202	
Winter Park, FL 32789				2022 OCT 18 AM 10: 59	ij li
	<u> </u>	City/State and Zip Code		317	- 1.P
	andyg@condevfl.com				
		to be used for future annual report :	nolification)	10	\mathbb{C}
For further information c	oncerning this matter, please c	all:		<u> </u>	
Andrew M Gardner		407 679-1748 at ()	3 x 1		
Name o	f Person	Area Code Day	time Telephone Number		
Enclosed is a check for th	e following amount:				
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
<u>Muiling Addres</u> Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration S Division of C The Centre o 2415 N. Mon Talłahassee, J	Section Corporations f Tallahassee roe Street, Suite 810)	

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H22000357837 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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-> 918506176381

(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on Octobe	r 11, 2022 and assig	ned
Florida document number L22000437932		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
Condev Pineda Investors I, LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:	·····	21
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	Ŋ
	(
		8 :
Enter new mailing address, if applicable:	(*). (5).	<u>P</u> (1
(Mailing address MAY_BE A POST OFFICE BOX)	- -	<u> </u>
		5
B. If amending the registered agent and/or registered office address on our record agent and/or the new registered office address here:	ls, <u>enter the name of the new r</u>	egistered

New Registered Office Address:

Enter Florida street address

Zip Code

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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stive data, if other than the data of filing:	(optional)	

E. Effective date, if other than the date of filing: ________(optional) (If an effective 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 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

October 18 Dated			2022	?		
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<u></u>	، بيرز ت يرج	Signature of a p			ed representative	of a member
		Signame of a n	cinder of a	10110112	cu representative	: Of a mentiour

Andrew M Gardner

Typed or printed name of signce

Filing Fee: \$25.00 H22000357837 3