



Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

	tion Section of Corpo					
Her	ritago Villa	ige South Development, LLC	1			
SUBJECT:	`````````````````````````````````	Name of Limi	ted Liability Company	<u> </u>		
The enclosed Arti	løles of Ar	nendment and fec(s) are subt	nitted for filing.			
Please return all e	correspond	ence concerning this matter i	o the following:			
		Aldis Roig, Esq.				
			Name of Porson			
		Atlantic Pacific Communit	ics			
			Firm/Company			
		161 NW 6th Street, Suite 1	020			
		·····	Address			~ ~
		Miami, FL 33136			-	2022 NOV
			City/State and Zip Code			NOY
		development@spcompagies			م :	28
		E-mail address: (o be used for future annual report nollfication	on)		7
For further inform	mation con	corning this matter, please c	ill:			AN IO: T
Aldis Roig			305 357-4734		a	
	Name of F	'erson	Area Code Daytime Tele	phone Number		<u> </u>
Enclosed is a one	ick for the	following amount:				
8 \$25.00 Filing	g Fee	S30.00 Filing Fee & Cortificate of Status	S55.00 Piling Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Registi Divisio P.O. B	ration Se on of Co lox 6327 assee, FI	ection rporations	<u>Street Address</u> : Registration Sectior Division of Corpors The Centre of Talla 2415 N. Monroe Stu	utions hassee		

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heritage Village South Development, LLC (Name of the Limited Liability Company as it now annears on our records.) (A Forder Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>10/13/2022</u> and assigned Florida document number <u>L22000441931</u>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	 · · ·	23
	<u>.</u>	V01
		28
Enter new mailing address, if applicable:	 <u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	 	1.61
	€ [2]	
		ā

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:		
Now Registered Office Address:	Enter Florida eireet ad	drees
		Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agant 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, onter the title, name, and address of each parson being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	APC Heritage Village Bouth Development, LLC	161 NW 6th Street, Suite 1020	🖬 Add
		Miami, PL 33136	CRemove
			Change
AMBR	Atlantic Pacific Communities, LLC	161 NW 6th Street, Suite 102D	
		Miami, FL 33136	
			ÜChange
MBR	DI Heritage Village South Dev LL(555 NW 95th Street	B Add
		Miami, PL 33150	□Remove
			□Changa
<u></u>			. ~
			□Remove- 2 × 12
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		·····	CRemove
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D. If amending any other information, suter change(s) here: (Attach additional sheets, (f necessary.)

If the record specifies a delayed effective date, but not an officetive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

November 2022 Dated Signature of a member or authorized representative of a member

Howard D. Cehon

Typed or printed name of signee

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Filing Fee: \$25.00