## L22000441931

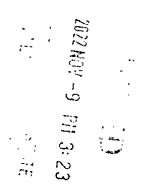
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## **COVER LETTER**

TO:	Registration Se Division of Cor			·	
		illage South Development, LLC			
SUBJF	ECT:	Name of Limi	ited Liability Company		
		Amendment and fee(s) are substance concerning this matter	-		
		Aldis Roig, Esq.			
		<u></u>	Name of Person		
		Atlantic Pacific Communit	ies		
		Firm/Company			
161 NW 6th Street.			020		
		Address			
		Miami, FL 33136			
		City/State and Zip Code			
		development@apcompanies  E-mail address: (6	s.com to be used for future annual report notifical	tion)	
For fur	ther information c	oncerning this matter, please ca			
Aldis l	Roig		305 357-4734 at ( )		
	Name o	f Person		lephone Number	
Enclose	ed is a check for th	ne following amount:			
<b>■</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration S		Street Address: Registration Section	on	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heritage Village South Development, LLC

2022 HO!' -9 PH 3: 2:

(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 10/13/2022 and assigned Florida document number L22000441931

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)

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 agent and/or the new registered Agent:

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

New Registered Office Address:

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

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being acor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	APC Heritage Village South Development, LLC	161 NW 6th Street, Suite 1020	
		Miami, F1, 33136	□Remove
		<del> </del>	□ Change
AMBR	Atlantic Pacific Communities, LLC	161 NW 6th Street, Suite 1020	□Add
		Miami, FL 33136	≘Remove
			□Change
MBR	DI Heritage Village South Dev LLC	555 NW 95th Street	
		Miami, FL 33150	□Remove
		<del></del>	□Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

(If an effect Note: If	date, if other than the date of filing:
the record stord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
D. J	November 7 2022
Dated	November 7 2022
	Signature of a member or authorized representative of a member
	Howard D. Cohen
	Typed or printed name of signee

Filing Fee: \$25.00