Florida Department of State Division of Componitions Flectoric FilingiCover Sheet

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The enclo	sed Articles of	Amendment and foo(s) are sub	mitted for filing.				
Picaso ret	um all correspo	ndence concerning this matter	to the following:				
		Aldis Roig, Esq.					
			Name of Parson				
		Atlantic Pacific Communit	iles				
			Firm/Company	·			
		161 NW 6th Street, Suite	020				
			Addross				
		Miemi, FL 33136					
		development@apcompanie	City/State and Zip Code				
		<u>-</u>	to be used for future amount report notifi	ication)			
For flirth	er information c	oncerning this matter, please o	all;				
Aidia Ro	oig		305 357-4734				
	Name o	f Person	Area Code Daytim	a Telephone Number			
Enplosed	is a check for t	he following amount:					
\$25. (00 Filing Pee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Cartifled Copy (additional copy is enclosed)			
	Mailing Addre	Section	<u>Street Address:</u> Registration Sc				
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	accent the chillocations of my nosition as recist	lered agent as provided for in Chapter 601. F.S	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, Signuture 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

Title	Namo	Address	Type of Actio
MBR	DI Heritage Village South LLC	555 NW 95th Street	 _ B Add
		Miami, PL 33150	□Remove
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record I is fil	d apecifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after tied.
	November 7 2022
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nated .	November 7 2022
Dated .	Signature of a member or authorized representative of a member