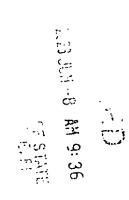
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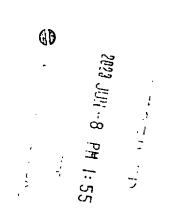
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DATE: 06/08/23

NAME: PATRICIA COURT, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

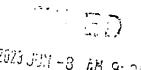
AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

	Registration S Division of Co			
SHR IE	PATRICI	A COURT, LLC		
SOBJEC	-1	Name of Lim	nited Liability Company	
The encl	osed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corresp	oondence concerning this matter	to the following:	
		JORDAN HEILMAN		
		-	Name of Person	
		QUARLES & BRADY LI	LP	
			Firm/Company	
		411 E. WISCONSIN AVE	E. SUITE 2400	
			Address	
		MILWAUKEE, WI 53202	2	
			City/State and Zip Code	
		JORDAN.HEILMAN@QU		
For furth	er information	concerning this matter, please c	(to be used for future annual report notification)	
	N HEILMAN	constraint and matter, preuse o		
			414 277-3034 at ()	_
	Name	of Person	Area Code Daytime Telephone Number	
Enclosed	is a check for	the following amount:		
<b>■ \$2</b> 5.6	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing F Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status & /
	Mailing Addr Registration		Street Address:	
		Corporations	Registration Section Division of Corporations	
	P.O. Box 63	27	The Centre of Tallahassee	
	Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PATRICIA COURT, LLC

(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 11/01/2022 \_\_\_\_ and assigned Florida document number \_\_\_\_\_\_L22000468299 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SEMINOLE 10820, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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.

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>	Name	<u>Address</u>	Type of Action
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			Remove
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record s is filed	pecifies a delayed effective	date, but not an o	offective time, a	t 12:01 a.m. on th	e earlier of: (b)	The 90th day after th
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		Signature of a mem	iber or authorized	representative of u	nember	
				~		

Filing Fee: \$25.00