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COVER LETTER

TO:	Registration Se Division of Cor		;				
CHDIE		ake Preserve, LLC		№ -,			
SOBJE	Name of Limited Liability Company						
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn all correspo	ndence concerning this matter	to the following:				
		Kris Delano					
			Name of Person				
		G. Kristin Delano P.A.					
			Firm/Company				
		3909 Buckingham Loop D	r				
			Address	<u> </u>			
		Valrico, FL 33594					
			City/State and Zip Code				
		gkdelano@hotmail.com	10.8				
Car Sant	h ' f		to be used for future annual report noti	ication)			
		oncerning this matter, please co					
Kris De			727 698-7752 at ()				
	Name o	f Person	Area Code Daytim	e Telephone Number			
Enclose	d is a check for th	ne following amount:					
≭ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Suwanne Lake Preserve, LLC.

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(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 November 7, 2022 and assigned Florida document number L22000477985 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Suwannee Lake Preserve, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 800 Third Ave So Enter new principal offices address, if applicable: Tierra Verde, FL 33594 (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 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.

Cin

Enter Florida street address

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>	<u>Name</u>	Address	Type of Action
			DAdd
			Remove
			□Change
			□Remove
			Change
		-	□Add
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If an effe Note: 1	we date, if other than the date of filing:
e record rd is file	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
	NOVEMBER 14, 2022
Dated _	
Dated _	7/2/2-
Dated _	Signature of a member or authorized representative of a member