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COVER LETTER

TO: Registration Division of C			
	rana Way, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Paul II Schindelar		
		Name of Person	
	4241 Silvana Way, LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	2071 Lake Ridge Drive		(~3 (*)
	 	Address	
	The Villages, FL 32162		70 70 -1
		City/State and Zip Code	
	paulschindelar@aol.com		<u> </u>
Paris Cardina Sur Paris and a		to be used for future annual report notif	incation)
	n concerning this matter, please co		
Paul H Schindelar		410 340-2837 transport to the state of the	e Telephone Number
Name	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25,00 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)
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4241 Silvana Way, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on November 29, 2022	and assigned
Florida document number 1.22000503422	 ·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
he new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or the	; 5
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	. , i
		-1
		•••
Enter new mailing address, if applicable:		- -
(Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere agent and/or the new registered office address here:		ame of the new regis
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	Circ	Zip Code

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>	<u>Name</u>	Address	Type of Action
AMBR	Paul H Schindelar	2071 Lake Ridge Drive	
		The Villages, FL 32162	■Remove
			□Change
MGR	Paul H Schindelar	2071 Lake Ridge Drive	
		The Villages, F1, 32162	□Remove
			
			•
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change

his position within the company to MANAGER.	
	
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flective date, if other than the date of filing: flective date is listed, the date must be specific and cannot be prior to date of filing or n If the date inserted in this block does not meet the applicable statutory filinment's effective date on the Department of State's records.	(optional) nore than 90 days after filing.) Pursuant to 605 ng requirements, this date will not be list
ord specifies a delayed effective date, but not an effective time, at $12;\!04$ a.m. filed.	on the earlier of: (b) The 90th day afte
December 21 2022 Paul H Sil	