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PICK-UP	TIAW [MAIL
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Special Instructions to	Filing Officer:	

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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>Fitle</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the d reffective date is listed, the date must b te: If the date inserted in this bloc nument's effective date on the Dep	k does not meet the app	icaple stamory time i	(optional than 90 days after filmy equirements, this date) E) Pursuant to 605/020 will not be listed a
cord specifies a delayed effective of stilled	late, but not an effective	time, at 12:01 a.m. on	the carlier of: (b) T	he 90th day after the
December 13	2022			Ã.
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Filing Fee: \$25.00

COVER LETTER

TO:

TO:				
SOBIEC	<u>. </u>	Name of Limi	ted Liability Company	
The encl	losed Arneles of .	Amendment and fee(s) are subt	nitted for filing.	
Please re	num all correspo	ndence concerning this matter t	o the following:	
		DEBORAH M. EDWARD	S, ESQ.	
			Name of Person	
		EDWARDS & FEANNY.	P.A.	
			Firm/Company	
		9580 SW 107 AVE, SUITI	E 204B	
TEDC BAYSIDE BREEZE GP, LLC Name of Limited Labshry Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: DEBORAH M. EDWARDS, ESQ. Name of Person EDWARDS & FEANNY, P.A. Firm/Company 9580 SW 107 AVE, SUFFE 204B Address MIAMI, FLORIDA 33176 City State and Zap Code dedwards@celawfirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DEBORAH M. EDWARDS Name of Person Total Company 1				
		MIAMI, FLORIDA 33176		
			City State and Zip Code	
		E-mail address: (t	n be used for future annual report not	nfication)
For furth	her information c	oncerning this matter, please co	ill:	
DEBOR	CAH M. EDWAR	RDS		
	Name o	(Person	Area Code Daym	ne Telephone Number
Enclose	d is a check for t	he following amount.		
□ \$25	.00 Filing Fee		Certified Copy	Certificate of Status &
	Registration	Section	Registration S	
			2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEDC BAYSIDE BREEZE GP, LLC			
(<u>Name</u> of the <u>Limited Liabil</u> (A Florid	ity Company as it now appears on our a Limited Liability Company)	'ecords.)	
The Articles of Organization for this Limited Liability C Florida document number $\frac{1.22000519799}{1.000000000000000000000000000000000000$		2. 2022 and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
TEDU BAYSIDE GARDENS GP, LLC			
The new name must be distinguishable and contain the words "Lin	uted Liability Company," the designation	"LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:		1-1-	<u>-</u>
Principal office address MUST BE A STREET ADDI	RESS)		
		-	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records.	enter the name of the new r	egiste
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	address	
		Florida	
	City	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 deginent is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lightly company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered