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11/29/23, 12:04 PM

Division of Corporations

## L230

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230004077513)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CUEVAS, GARCIA & TORRES, P.A.

Account Number : I20030000123 Phone : (305)461-9500 Fax Number : (786)362-7127

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Cmnil.	Address:				
Email:	Address:				

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VISIONS AT ORLANDO WEST PHASE V LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

S. ROUTERTS

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H230004077513

VISIONS AT ORLANDO WEST PHASE V LLC (Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number L23000040511	were filed on 01/27/2023	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:	23	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:	2333 Ponce de Leon Blvd, Suite 630		
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, FL 33134		
Enter new mailing address, if applicable:	2333 Ponce de Leon Blvd, Suite 630		
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, FL 33134		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new register	
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am fa	miliar with and	

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, Signature of New Registered Agent

8506176383. From: eFax 11-29-23 12:07pm p. 3 of 4 H 23UU(407751 3 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
MGR	Thorne, Robert		□Add
			Reinove
			□Change
MGR	Urban Network Capital Group, LLC	2333 Ponce de Leon Blvd, Suite 630	
		Coral Gables, FL 33134	□Remove
			☐ Change
MGR	Vertical Developments, LLC	2333 Ponce de Leon Blvd, Suite 630	■Add
		Coral Gables, FL 33134	□Remove
			☐ Change
			DAdd
			□Remove
			□Change
			□Add
			Remove
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Effectiv	ve date, if other th	nan the date of fil	ling:		(optional)	
(If an effect Note: I	ctive date is listed, the If the date inserted i	date ningt he specific	and cannot be prior to of meet the applicat	date of filing or more the statutory filing rec	nan 90 days after filing.) Pursuar puirements, this date will not	to 605.0207 (3); be listed as the
ne record ord is file		effective date, but t	not an effective tim	ie, at [2:0] a.m. on th	e earlier of: (b) The 90th o	lay after the
Dated _	November 17		2023	_•		
		/ //	/1			

Filing Fee: \$25.00

Typed or printed name of signee