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(Document Number)				
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COVER LETTER

		COVERCETTER		
TO: Registration Division of C				
Lilae Vil	age Phase 2 LLC			
SUBJECT:	Name of Lir	nited Liability Company		
		, ,		
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filling		
		-		
Please return all corres	ondence concerning this matter	to the following:		
	Alexzander Gonano, Esq.			
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
	Gonano Law PLLC			
		Firm/Company		
	5550 US Highway 1, Suit			
		Address		
	Ft. Pierce FL 34982			
		City/State and Zip Code		
	victor@novowins.com			
		to be used for future annual report ne	otification)	
For further information	concerning this matter, please c	all:		
Alexzander Gonano		772 464-1032		
Name	of Person		me Telephone Number	
Enclosed is a check for	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)	
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of	orporations Tallahassee	
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lilac Village Phase 2 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 February 17, 2023 ____ and assigned Florida document number <u>L23000087259</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 Changing Registered Agent, Signature of New Registered Agent

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	Troy McKenna	17564 Cinquez Park Rd W	
		Jupiter, FL 33458	■ Remove
			☐ Change
			□ Add
		<u> </u>	□Remove
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E. Effective date, if other than the date of filing:	D. If amending any other inform	ation, enter change(s) nere	; (Allach additional sheel	s, if necessary.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated Dated July 19				
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