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COVER LETTER

TO: Registration Section

Division of Cor	porations		
YUCAPEN	CREEK, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Name or con-	nea thiomy examplify	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rachel O'Hanlon		
		Name of Person	
	Waggoner & Bruehl P.A.		
	waggoner te tridein 1 .74.	Firm/Company	
		Firm(Company	
	5400 Pine Island Road Sui	te D.	
		Address	
	Bokeelia, FL 33922		
		City/State and Zip Code	
	tim@wblegallaw.com	Chymate and Edy Code	
		to be used for future annual report not	ification)
For further information e	oncerning this matter, please c	all:	
Timothy Bruchl		239 283-1076	
	of Person	at () Area Code Daytin	T.d b Village
Name ()	i rerson	Area Code Dayan	ne Tetephone Natioei
Enclosed is a check for the	he 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)
Martina 6 adams		Stanut Address.	
<u>Mailing Addres</u> Registration :		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee.	F1. 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YUCAPEN CREEK, LLC.		
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000095773	were filed on 03/02/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
YUCCA PEN CREEK, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	hity Company," the designation "LLC" or t	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 a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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 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, <u>enter the title, name, and address of each person_being added</u> or <u>removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			\ _Add
			Remove
			☐ Change
			□Remove
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n effective ote: Hith		t be specific and cannot bok does not meet th	e applicable statuto	ng or more than 90 days	optional) after filing.) Pursuant to 602 , this date will not be list	
ecord spe is filed.	cifies a delayed effective	e date, but not an eff	ective time, at 12:0	a.m. on the earlier o	of: (b) The 90th day afte	r the
ted	3/13/23	·				
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		-J -	-// ///	-		

Filing Fee: \$25.00