L23000097911

(Req	uestor's Name)	·
(Add	ress)	
·	·	
(844		
(Add	1622)	
(City)	/State/Zip/Phone	e #)
_		_
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Rus	iness Entity Nan	ne)
(503	mess Entity Nam	ne,
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



900404174059

93/19/23--01002--013 **25.00

THAHASSEE OLD

123 MAR 10 AM 10: 57

CORPORATE

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY	
	РНОТОСОРУ	
]	CUS	
C	FILING	LLC AMEND
7	TILLMAN OAKS INVE	ESTMENTS LLC
	CORPORATE NAME AND DOCUM	
	CORPORATE NAME AND DOCU	MENT #)
	,	
(CORPORATE NAME AND DOCU	MENT#)
-(CORPORATE NAME AND DOCU	MENT #)
	CORPORATE NAME AND DOCU	MENT #)
_	CORPORATE NAME AND DOCO.	1411214 (#)
(
(

DocuSign Envelope ID: 08E3F959-DBF9-460E-A096-555F932E12F8 COVER LETTER

	egistration Sec ivision of Corp			
011 0 11000		OAKS INVESTMENTS LLC		
SUBJECT	·:	Name of Limi	ted Liability Company	
		Amendment and fee(s) are sub-		
Please retu	irn all correspo	ndence concerning this matter t	to the following:	
		T. Matthew Ladyman, Esq.		
			Name of Person	
		Nishad Khan, P.L.		
			Firm/Company	
		1303 N. Orange Ave.		
			Address	
		Orlando, Florida 32804		
			City/State and Zip Code	
		matthew@nishadkhanlaw.co E-mail address: (0	om to be used for future annual report notif	ication)
For furthe	r information c	oncerning this matter, please ca	ali:	
T. Matthe	w Ladyman		407 228-9711	
	Name o	f Person	Area Code Daytime	2 Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: 08E3F959-DBF9-460E-A096-555F932E12F8

AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ED **OF**



TO SEE A LO SEE TO SO

	26. 3	: 10 AH 10: 20
TILLMAN OAKS INVESTMENTS LLC	·	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records. hility Company)) F STATE E FL
The Articles of Organization for this Limited Liability Company w	ere filed on <u>02/23/2023</u>	and assigned
Florida document number 1.23000097911		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty 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)		
P. Annana and Standard Standiscoples		
Enter new mailing address, if applicable:	,	
(Mailing address MAY BE A POST OFFICE BOX)		·
		
B. If amending the registered agent and/or registered office ad	dress on our records, enter t	he name of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	, 1 10:	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.

DocuSign Envelope ID: 08E3F959-DBF9-460E-A096-555F932E12F8
II amenuing Authorized rerson(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>	<u>Address</u>	Type of Action
MGR	KIMBERLEY H. FISCHER	1614 White Dove Dr.	
		Winter Springs, Florida 32708	[]Remove
			= Change
MGR	MATTHEW M. GILLIO	657 Caledonia Place	■Add
		Sanford, Florida 32771	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

DocuSign Envelope	ID AGENERAL	ODEO 4005 AOO	· · · · · · · · · · · · · · · · · · ·
TOTAL SIGN FOVERODE	H 1 HXF 4F454-	I IMPA-ANDE-AUS	つ・コココト サハノト コノトガ
JOGGOIGH CHITCHOPC	10.00001 200	DD: 0 00 100	

				, .			_
							-
							-
							_
				-			_
	 -	 .	<u> </u>	<u></u>			-
		,					-
							_
						62 62 63	_
			_	- -		7 T	
				<u></u>		- = 0	-·- :
·			<u> </u>				- ; ;
					၂၀တ	A:N -0:	_ (_
						20	_
_							
			 ,·				_
ective date, if other than to reffective date is listed, the date te: If the date inserted in this	must be specific and	d cannot be prior to	o date of filing or roble statutory fili	nore than 90 days a	ptional) after filing.) Purst this date will r	uant to 60 not be lis	 5tc
cument's effective date on the	2 Department of S	State's records.					
	ctive date, but no	t an effective tin	ne, at 12:01 a.m.	on the earlier of	f: (b) The 90th	ı day aft	ter th
ecord specifies a delayed effer is filed.							
		2023					

Filing Fee: \$25.00