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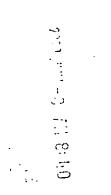
(F	Requestor's Name)
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: AMIGOS CENTRAL FLORIDA PROPERTIES LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
GERMAN FRANCES  Name of Person
AMIGOS CENTRAL FLORIDA PROPERTIES LLC Firm/Company
145 GARFIELD RD
DELTONA FL 32725  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GARY WINARSKI at (407) 745-8654 Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number C
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\$30.00 Filing Fee & Certificate of Status}\$\$\$Certificate of Status \$\Bigcup \text{\$\$ Certified Copy (additional copy is enclosed)}\$\$\$\$\$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMIGOS CENTRAL FLORIOA PROPERTIES 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 Lial	bility Company	were filed on APA	CIL 21, 20	123 and assigned
Florida document number <u>L 2 3 0 0 0 19</u>			,	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	<u>he limited liab</u>	ility company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the design	ition "LLC" or the a	bhreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	145 GAI	RFIELD :	RO
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	145 GAI DELTONA	, FL 32	725
				P.D.
Enter new mailing address, if applicable:		145 GAK	F184D	726
(Mailing address MAY BE A POST OFFICE BOX)		145 GARFIELD RD DELTONA, FL 32725		
B. If amending the registered agent and/or reg agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	here:			
New Registered Office Address.	145 GALFIELO RO  Enter Florida street address			
	DELTO	DNA	, Florida	32725 Zip Code
Non-Davistanad Ament's Cineatons of shanning Da		City		Zip Code
New Registered Agent's Signature, if changing Real I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the recompany has been notified in writing of this classes.	agent and agr and complete ered agent as p gistered office	performance of my oprovided for in Chap	luties, and I am ter 605, F.S. Or	familiar with and ;, if this document is
	If Char	nging Registered Agent. S	ignature of New R	egistered Agent

MGR = Manager AMBR = Authorized Member Title Name Address **Type of Action** MGR GARY L WINARSKI 862 MILLS ESTATE PL DANG CHULUOTA FL 32766 Remove \_\_\_\_\_ [ ]Change ☐ ☐ Remove \_\_\_\_\_ □Remove \_\_\_\_\_\_ □Change □Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

	<del></del>
	· · · · · · · · · · · · · · · · · · ·
	1.
ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to	(optional)
(e) If the date inserted in this block does not meet the applicable	ole statutory filing requirements, this date will not be listed a
ument's effective date on the Department of State's records.	
and any Constitution of Constitution to the constitution of the co	. 12.01
cord specifies a delayed effective date, but not an effective times filed.	ie, at 12:01 a.m. on the earlier of: (b) I he 90th day after the
Synature of a member or authoris	
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inature of a member of authori	ized representative of a member
	)
GARY L WIN Typed or printed	

Filing Fee: \$25.00