Division of Corporations

## 9/14/23, 10.31 AM

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ~ GALLERY AT MARINA VILLAGE MANAGER, LLC

Certificate of Status	0
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SEP 1619923

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ę.	<b>**</b>	*
	GALLERY AT MARINA VILLAGE MANAGER. LL	C
	{Name of the Limited Liability Compar (A Florida Limited I.	y as it now appears on our records.) ability Company)
	(	
The Article	s of Organization for this Limited Liability Company	were filed on 04/21/2023 and assigned
Florida doc	ument number <u>L23000201328</u>	
This amend	fment is submitted to amend the following:	
A. If amen	nding name, enter the new name of the limited liabil	lity company here:
Gallery at R	tiviera Beach Marina Village Manager, LLC	
The new name	e must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new	principal offices address, if applicable:	
(Principal o	office address MUST BE A STREET ADDRESS)	
		, , , , ,
		· )
Unter new	mailing address, if applicable:	·
		<u>+</u>
(Mailing ac	ddress MAY BE A POST OFFICE BOX)	
	iding the registered agent and/or registered office a or the new registered office address here:	ddress on our records, enter the name of the new registere
agent anun	of the new registered office address nerv.	
<u>N</u> :	ame of New Registered Agent:	
Ne	ew 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.

City

Zip Code

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

Title	<u>Name</u>	Address	Type of Action
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