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Account Name : SALVATORI LAW OFFICE, PLLC

Account Number : I20170000055 Phone : (239)308-9191 Fax Number : (239)552-4185

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CENTRE POINTE COMMONS SIX, LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRE POINTE COMMONS SIX, LLC		•
(Name of the Limited Ulab (A Flori	bility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L23000260014	Company were filed on MA Y26, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lie	mited liability company here:	
CENTRE POINTE ASSOCIATES SIX, LLC		
The new name must be distinguishable and contain the words "Li	imited 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 ADI	DRESS)	
	· .	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the</u> ::	name of the new registere
Name of New Registered Agent:	**************************************	5
New Registered Office Address:		3 23
	Enter Florida street address	a.s
<u></u>	, Floric	
	City	Zıp Code
New Registered Agent's Signature, if changing Register	red Agent:	المحافق
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	l complete performance of my duties, and I agent as provided for in Chapter 605, F.S cred office address, I hereby confirm that t	am familiar with and . Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

To:

_ Change

_ 🗆 Remave

_ Change

LIAdd

12397900903

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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 Name Address Type of Action ____ 🗆 Remove __ Change _____ DRemove _____ (T)Change □Remove Remove

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Tective date, in effective date	: inserted in this b	nock does not me Department of Sta	et the applicable ite's records.	statutory ming req	quirements, this da	te will not be listed at
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<u>ote:</u> If the date	itive date on the I					
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