

L23 000 311 756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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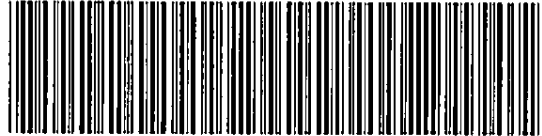
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

K. HUNT

03/21/24

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INTERLACHEN 24 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 Liability Company were filed on 06/29/2023 and assigned Florida document number L23000311756.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MANISHKUMAR PATEL

New Registered Office Address: 14260 W NEWBERRY RD #105

Enter Florida street address

NEWBERRY, Florida 32669

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.

/S/ MANISHKUMAR PATEL

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MANISHKUMAR PATEL	14260 W NEWBERRY RD #105	<input checked="" type="checkbox"/> Add
		NEWBERRY, FL 32669	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAULIK PATEL	14260 W NEWBERRY RD #105	<input checked="" type="checkbox"/> Add
		NEWBERRY, FL 32669	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PARTH R CHAUDHARI	14260 W NEWBERRY RD #105	<input type="checkbox"/> Add
		NEWBERRY, FL 32669	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BHOOMI P CHAUDHARY	14260 W NEWBERRY RD #105	<input type="checkbox"/> Add
		NEWBERRY, FL 32669	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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CLERK OF STATE
TALLAHASSEE, FL

202 MAR 21 AM 9:06
CLERK OF STATE
TALLAHASSEE, FL

2:00
201 MAR 21 AM 9:06
OFFICE OF STATE
TREASURER
TALLAHASSEE, FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 21 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00