## L23000312149

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## **COVER LETTER**

TO: Registration So Division of Cor				
CONTRA BELL CITAL	Villagers Realty, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The another Assistance	Amountained for ( New york	in de est		
	Amendment and fee(s) are sub	· ·		
Please return all correspo	ondence concerning this matter	to the following:		
	Archie L. Gustin			
		Name of Person		
	Archie E. Gustin, Attorney	v at Law		
		Firm Company		
	5500 Military Trail, Suite	#22-381		2
		Address	-·	
	Jupiter, FL 33458-2869		, î	2023-007-31 SERFE
		City/State and Zip Code		4. =
	algustin@archiegustinlaw.c			
For further information c	oncerning this matter, please c	to be used for future annual report not all:	triteution)	γ υ υ
Archie L. Gustin, Attorn	ey at Law	561 202-3133		
Name o	f Person	at () Area Code ——Daytir	ne Telephone Number	_
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (asklitional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Status &
Mailing Address		Street Address:		
Registration S Division of C		Registration Se Division of Co		
P.O. Box 632	7	The Centre of	Tallahassee	
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

Polynesian Villagers Realty, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our reco Limited Etability Company)	rds.)
The Articles of Organization for this Limited Liability Co	ompany were filed on June 29, 2023	and assigned
Florida document number 1.23000312149	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1000 E. 1000
(Principal office address MUST BE A STREET ADDR	(ESS)	丰, 8
		$\omega$
		70
Enter new mailing address, if applicable:		. •
(Mailing address MAY BE A POST OFFICE BOX)		. ပ ယ
	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our records, <u>ente</u>	r the name of the new registe
Name De Command (NCT of A. 1.)		
New Registered Unitie Address:		
New Registered Office Address:	Enter Florida street addre	38
New Registered Office Address:		loridaZiv Code

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.

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
MGR	Tamara J. Brown		CAdd
		200 North Fiji Circle, Englewood, FL 34223	Remove
			□Change
MGR	Michael Cardillo	48 North Easter Island Circle, Englewood, FL 3422	3 <b>≣</b> Add
			CRemove
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ceffective date is listed, the date in	ust be specific and c	annot be prior to	o date of filing o	r mare than 90 da	( <b>optional)</b> ys after filing ) Pu	rsuant to 605,02
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