Division of Corporations

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## Florida Department of State 633 Electronical libra Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SAXON GILMORE & CARRAWAY, P.A.

Account Number : I20180000023 Phone : (813)314-4551 Fax Number : (813)314-4555

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

Email Address: flcorp@saxongilmore.com



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SADDLE CREEK DEVELOPERS, LLC

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| Page Count            | 03      |
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T. LEMIEUX

Electronic Filing Menu Corporate Filing Menu

Halps 15 2023

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name a) the Limited Limitity Con   | nnany at it now appears on our records,) ed Liability Company)                         | <del></del> -                        |
|---|--|--------------------------------------|
|   |  |                                      |
| The Articles of Organization for this Limited Liability Compa   | ny were filed on July 25, 2023   | and assigned                         |
| Florida document number 1,23000350933   |  |                                      |
| This amendment is submitted to amend the following:   |  |                                      |
| A. If amending name, enter the new name of the limited li   | ability company here:  |                                      |
| The new name must be distinguishable and contain the words "Limited Lia   | bility Company," the designation "LLC" or the abb                                      | reviation "L.L.C."                   |
| Enter new principal offices address, if applicable:   |  |                                      |
| (Principal office address MUST BE A STREET ADDRESS)   |  |                                      |
|   |  |                                      |
|   |  |                                      |
| Enter new mailing address, if applicable:   |  |                                      |
| (Malling address MAY BE A POST OFFICE BOX)  |  |                                      |
|   |  | -<br>                                |
| D. F  |  |                                      |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:   | e address on our records, enter the name   | of the new registered                |
|   |  | - •                                  |
| Name of New Registered Agent:   |  | <u>→, ('</u>                         |
| <b>4 </b>   |  |                                      |
| New Registered Office Address:  | Enter Florida street address   | <u> </u>                             |
|   | Plante   | 22                                   |
| <del></del>   | , Florida  | Zip Code                             |
| Yew Registered Agent's Signature, if changing Registered Agen   | <u>\$</u> ;  |                                      |
| herehy accept the appointment as registered agent and agreed or oversions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | te performance of my duttes, and I am fa<br>a provided for in Chapter 605, F.S. Or, ij | miliar with and<br>Tthis document is |
| ICCH  |  |                                      |

(((H23000281408 3)))

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                        |
|----------------|--|---------------------|---------------------------------------|
| MGR            | Polk County Housing Developers, Inc.   | 430 Hartsell Avenue | □Add                                  |
|                |  | Lakeland, FL 33815  | ===================================== |
|                |  |                     | Change                                |
| AMBR           | Lakeland-Polk Housing Corporation  | 430 Hartsell Avenue | ■Add                                  |
|                |  | Lakeland, FL 33815  | □Romove                               |
|                |  |                     | ☐ Change                              |
| AMBR           | Polk County Housing Developers, Inc.   | 430 Hartsell Avenue |                                       |
|                | Lakeland, FL 33815   | Lakeland, FL 33815  |                                       |
|                |  |                     | □Change                               |
|                |  |                     | □Add                                  |
|                |  |                     | □Remove                               |
|                |  |                     | ☐ Change                              |
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|                |  |                     |                                       |
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|                |  |                     | □Remove                               |
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| Benjamin Stevenson, Executive Director - Secretary of Authorized Member  |                             |  | Signature of a                        | a monthur or author                       | ized representative of a m | inper                                  |                                       |             |
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