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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 12/27/2023

NAME: VARI LAND HOLDINGS, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	ation Section 1 of Corporations
SUBJECT:	ri Land Holdings, LLC
	Name of Limited Liability Company
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.
Please return all o	correspondence concerning this matter to the following:
	Lisa Marie Vari
	Name of Person
	Firm/Company
	837 Hubbard Loop
	Address
	The Villages, FL 32163
	City/State and Zip Code
	lisa@varilaw.com E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
LISA Y	MARIE VARI Name of Person at (412) Locko-7398 Area Code Daytime Telephone Number
	Joyana respirate ratine
Enclosed is a chec	ck for the following amount:
■ \$25.00 Filing	Fee Solutional copy is enclosed) \$ \$30.00 Filing Fee & Solutional Copy (additional copy is enclosed) \$ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	any as it now appears on our records.)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000375879</u>	were filed on 08/10/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	837 Hubbard Loop	73 73
(Principal office address MUST BE A STREET ADDRESS)	The Villages, FL 32163	!
		'सी '
Enter new mailing address, if applicable:	837 Hubbard Loop	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	The Villages, FL 32163	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	MARIE VARI HUBBARD LOOP	nter the name of the new
New Registered Agent's Signature, if changing Registered Agent:	Enter Florida street address City	32163 Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	ee to act in this capacity. I further performance of my duties, and I d	am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			D Add
			□ Remove
			☐ Change
		.	D Add
			□ Remove
			□ Change
			Add
			☐ Remove
			Change
			Add
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n effe <u>ete:</u>	we date, if other than the date of filing: 2 20 23 (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a mit's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ted _	Callais Vai
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00