## L23000495655

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Certified Copies	Certificates	of Status
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## **COVER LETTER**

TO:

Registration Section

Division of	Corporations					
	es of Amendment					
Name of Limited Liability Company						
The enclosed Article	es of Amendment and fee(s) are sul	bmitted for filing.				
Please return all cor	respondence concerning this matter	r to the following:				
	Jason Fry					
		Name of Person				
	Tree Hut Village, LLC					
		Firm/Company				
	5331 Primrose Lake Circ	le, Suite 228				
		Address				
	Tampa, Florida 33647					
	0	City/State and Zip Code				
	flmobileglass78@yahoo.co E-mail address:	om (to be used for future annual report not	ification)			
For further informat	ion concerning this matter, please	call:				
Jason Fry		813 773-5459				
- Na	ame of Person	at () Area Code Daytin	ne Telephone Number			
Enclosed is a check	for the following amount:					
■ \$25.00 Filing Fo	ee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mailing Ao</u> Registrat	<u>Idress:</u> ion Section	<u>Street Address:</u> Registration Sc	ection			
Division of Corporations			Division of Corporations			
P.O. Box Tallahass	6327 see, FL 32314	The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tree Hut Villager, 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 October 31, 2023 and assigned Florida document number \_\_L23000495655 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tree Hut Village, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A 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: New Registered Office Address: Enter Florida strect address Cirv

## 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.

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>	Name	Address	Type of Action
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			□Remove
		- <u></u>	⊡Change
			□Add
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fective date, if other that	n the date of filing: (optional) use must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
an effective date is listed, the da	ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
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record specifies a delayed ef is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is med.	
November 7 <sub>0</sub>	2023
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11.7	
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	Signature of a member or authorized representative of a member

Typed or printed name of signee