L23000530081

(Requestor's Name)
(Address)
(Address)
(183355)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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COVER LETTER

FO: Registration Sec Division of Corp	ction porations	-	
2776 Villag	e Square, LLC		
SUBJECT:	Name of Limit	ted Liability Company	
	Amendment and fee(s) are subr		
Please return all correspo	ndence concerning this matter t	o the following.	
	Tommie D Benefield, III		_
		Name of Person	
	Elevated CPA, LLC		
		Firm/Company	
	1409 Kingsley Avenue, Su	ite 4C	
		Address	
	Orange Park, FL 32073		
		City/State and Zip Code	
	firm@elevatedcpasolutions. E-mail address: (1)	com to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca		
Tommie D Benefield, III		904 769-7879 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	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)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

2776 Village Square, LLC					
(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on our records.) Liability Company)				
he Articles of Organization for this Limited Liability Company	were filed on 11/28/2023	and assigned			
lorida document number L23000530081					
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liab	ility company here:				
276 Village Square, LLC					
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."			
nter new principal offices address, if applicable:	2276 Village Square Parkway				
Principal office address MUST BE A STREET ADDRESS)	Fleming Island, FL, US, 32003				
Inter new mailing address, if applicable:	<u> </u>				
Mailing address MAY BE A POST OFFICE BOX)					
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the пап</u>	ne of the new regist			
gent and/or the new registered office and too ner-					
Name of New Registered Agent:					
rame or the registered registre					
New Registered Office Address:		270 53			
	Enter Florida street address	(n F0			
	Enter Florida street address , Florida	200 F3 200 F3 200 F3 200 F3			

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:

of Temoved Hom out records.	
•	
MGR = Manager	
AMRR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Add
			■Remove
			Change
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Note: If the da	a is listed, the date r	must be specific a block does no	and cannot be pri of meet the appl	or to date of filing icable statutory	or more than 90 da	(optional) sys after filing.) Pursi nts, this date will r	uant to 605.0207 (not be listed as t
If the record specific record is filed.	es a delayed effec	ctive date, but r	not an effective	time, at 12:01 a	.m. on the earlie	rof: (b) The 90th	day after the
Dated	er 07		2023				
Dated		<u></u>					
	ויאַ	t ·					
		Signature of	f a member or au	thorized representa	ative of a member		

Filing Fee: \$25.00