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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to	n Filing Officer:	
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Office Use Only

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COVER LETTER

TO: Registration Section

Division of Corp	porations			
SUBJECT: <u>1933</u>	Oberlin	Are LL	Lited Liability Company	
		Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and	i fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concern	ing this matter	to the following:	
	Dane	Hamilto	Name of Person	
			Firm/Company	
			e Ave	
	acta	Winter	Park, FL 3278	9
	dane	-hanil	ton e out look. com	ification)
For further information ec				
Dare Hamilto	٥ ٠		at (<u>407</u>) <u>415 – 3</u> Area Code Daytim	3583
Name of	Person		Area Code Daytim	ie Telephone Number
Enclosed is a check for th	e following am	ount:		
✓ \$25.00 Filing Fee	S30.00 Fi Certifica	ing Fee & te of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	ection		<u>Street Address:</u> Registration Se	
Division of Co P.O. Box 632			Division of Cor The Centre of T	•
Tallahassee, F	L 32314		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ited Liability Company (A Florida Limited Lia	as it now appearbility Company)	rs on our records.)		
The Articles of Organization for this Limited I. Florida document number <u>L24000</u> 1144	.iability Company w				_ and assigned
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liabili	tv company h	ere:		
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the	designation "LLC" c	or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STREE	ET ADDRESS)				<u>;</u>
Enter new mailing address, if applicable:				<u>:</u>	· (
(Mailing address MAY BE A POST OFFICE	BOX)			- (1)	
				——————————————————————————————————————	2
B. If amending the registered agent and/or agent and/or the new registered office addre	~-	dress on our	records, <u>enter th</u>	e name o	f the new registered
Name of New Registered Agent:	Hamilton 2573 Ma	Homes	LLC _		
New Registered Office Address:	2573 No	deline A	tue		
	Wirder Par	City	riaa sireei aaaress , Flori	ida <u>32</u>	N 9 Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

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
MGR_	Blake Land Holdings LCC	2573 Modelne Ave	🗆 Add
	-	2573 Nodelme Ave Unner Park, FL 32789	ZRemove
			□Change
MGR_	Hamilton Homes LLC	2573 Madeline Ave	\(\int \) Add
		Winder Park, FL 32789	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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			Change
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			□ Change

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nted October 13 . 2024.			ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
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Filing Fee: \$25.00