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(R	Requestor's Name)
· (A	ddress)
(A	ddress)
, (C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
· (B	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer
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INC.

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	PICK	UP:	MISTY 3/19			
XX	CERTIFIED COPY PHOTOCOPY					
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XX	FILING	LLC A	MEND			
1.	3230 GODWIN LANE LLO					
2.	(CORPORATE NAME AND DOCUM	IENT #)				
3.	(CORPORATE NAME AND DOCUM	IENT #)				
i.	(CORPORATE NAME AND DOCUM	IENT #)				-
5.	(CORPORATE NAME AND DOCUM	(ENT #)				
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SPECIAI NSTRU	L CTIONS:					
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 MAR 19 PM 12: 28

3230 GODWIN LANE LLC		7377757	17.7	
3230 GODWIN LANE LLC (Name of the Limited Liability Comp (A Florida Limited	iany as it now appears on Liability Company)	our records.) LANA	SSEE. FLORIDA	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000114738</u> .	y were filed on March	11, 2024	_ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	nation "LLC" or the abbre	viation "L.L.C."	
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 agent and/or the new registered office address here:	address on our reco	rds, <u>enter the name o</u>	f the new registered	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
I hereby accept the appointment as registered agent and agree provisions 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.	e performance of my provided for in Chap	duties, and I am fam pter 605, F.S. Or, if i	uiliar with and this document is	

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>	<u>Name</u>	Address	Type of Action
MGR	MICHEL SCALA	1000 Legion Place, Suite 1200	≅ A₫d
		Orlando, Florida 32801	i JRemove
			[]Change
MGR	J. TODD SOUTH	1000 Legion Place, Suite 1200	≣ Add
		Orlando, Florida 32801	□Remove
			□Change
MGR	CHARLES A. MCNULTY	2315 Lynx Lane, Suite 6	□Add
		Orlando, Florida 32804	■Remove
			[]Change
			□Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing: tote: If the date inserted in this block does not meet the applicable statutor ocument's effective date on the Department of State's records.	ry filing requirements, this date will not be listed)207 d as
record specifies a delayed effective date, but not an effective time, at 12:0: I is filed.	l a.m. on the earlier of: (b) The 90th day after	the
rated March 18		
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Filing Fee: \$25.00