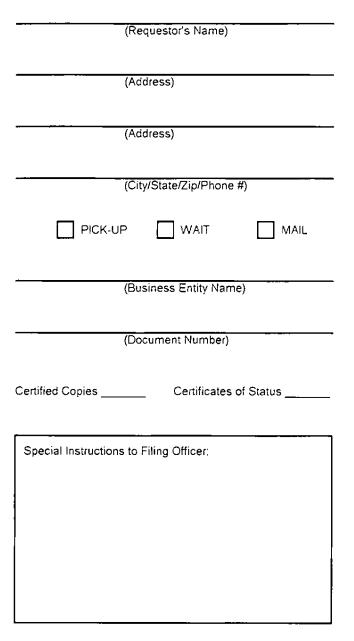
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations							
FAIRWA	С						
SUBJECT:	Name of Lin	nited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	condence concerning this matter	to the following:					
	ARTHUR R. ROSENBER	RG					
		Name of Person					
	ARTHUR R. ROSENBER	RG P.A.					
		Firm/Company					
	6499 North Powerline Roa	nd, Suite 304,					
		Address					
	Fort Lauderdale, Florida 3	3309					
		City/State and Zip Code					
	ARR@ARROSENBERG.(	to be used for future annual report notification)					
For further information	concerning this matter, please c						
Arthur R. Rosenberg P.	A.	954 772-5151, ext 302					
Name of Person		Area Code Daytime Telephone Number					
Enclosed is a check for	the following amount:						
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Ceπificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)					
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: F60 67 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

FAIRWAYS VISTA TOWNHOMES 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 May 23, 2024 and assigned Florida document number \_\_\_\_\_L24000239609 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Fairway Vista Townhomes LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 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 street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_\_

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
Manager	Hollywood Partners LLC	221 West Hallandale Beach Boulevard, Suite 230	<b>=</b> Add
		Hallandale Beach, Florida 33009	□Remove
			□ Change
AMBR	Hollywood Partners LLC	221 West Hallandale Beach Boulevard, Suite 230	□Add
		Hallandale Beach, Florida 33009	Renove
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			□Add
			□Remove
		<del></del>	□Change
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ffective date, if other than the can effective date is listed, the date must stote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the applical	o date of filing or more than 9	(optional) O days after filing.) Pursuant to 605 ements, this date will not be liste	.0207 ed as
record specifies a delayed effective is filed.	date, but not an effective tin	ne, at 12:01 a.m. on the ea	rlier of: (b) The 90th day after	r the
ated July 2	. 2024	- 1		
s	ignature of a member or author	ized representative of a men	her	
Alan Vaisberg, Manager	1	,		
	Typed or printed	I name of signee		