L24000318731

(Re	questor's Name)	<u>_</u>
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PICK-UP		MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	4



08/02/24-+01021--002 ++25.00



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1883 W. Royal Hunte Dr., Suite 200Jacy Farnworth, Legal AssistanceCedar City, Utah 84720jacy.farnworth@kkoslawyers.comPhone 435-586-9366Fax 435-586-9491

07/29/2024

Department of State Division of Corporations The Center of Tallahassee 2415 N. Monroe Street Suite 810 Tallahassee, FL 32303

To Whom It May Concern:

Enclosed for processing are duplicates of the Articles of Amendment To Articles Of Organization for Algave, LLC. Also enclosed is a check in the amount of \$25.00 to cover the filing fce.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

KYLER KOHLER OSTERMILLER & SORENSEN, LLP

Jacy Farnworth Legal Assistant

Enclosure

Business-Estate-Tax-Real Estate Serving Clients Nationwide offices in California, Utah, Arizona, Idaho

COVER LETTER

TO:	Registration Section
	Division of Corporations

Algave, LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacy Farnworth

Name of Person

KKOS Lawyers

Firm/Company

1883 West Royal Hunte Drive, Suite 200

Address

Cedar City, UT 84720

City/State and Zip Code

jacy.farnworth@kkoslawyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Jacy Farnworth
 435
 586-9366

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

🔳 \$25.00 Filing Fee

□ \$30.00 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Algave, LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/17/2024	_ and assigned
Florida document number <u>L24000318731</u> .	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

		<u> </u>
The new name must be distinguishable and contain the words "Limited Lial	pility Company," the designation "LLC"	or the abbreviation "Lu.C."
Enter new principal offices address, if applicable:	91 Somerville Drive	5
(Principal office address MUST BE A STREET ADDRESS	Ponte Vedra, FL 32081	rv .
		<u>ب</u>
Enter new mailing address, if applicable:	91 Somerville Drive	
(Mailing address MAY BE A POST OFFICE BOX)	Ponte Vedra, FL 32081	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
	City	, Florida 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, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Change
			🗆 Add
			🗍 Change
		<u> </u>	□∧dJ
			Change
			🗆 Add
			🗆 Add
			🛛 Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)

E. Effective date, if other than the date of filing: ______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 50 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the

Dated fature of a member or authorized representative of a member Robert Curtis Hootselle Typed or printed name of signce ** - ----

COVER LETTER

TO:	Registration Section
	Division of Corporations

Algave, LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filin

Please return all correspondence concerning this matter to the following:

Jacy Farnworth

Name of Person

KKOS Lawyers

Firm/Company

1883 West Royal Hunte Drive, Suite 200

Address

Cedar City, UT 84720

City/State and Zip Code

jacy.farnworth@kkoslawyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Jacy Farnworth
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 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

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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

Algave, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>1.24000318731</u> .	were filed on $\frac{07/17/2024}{2000}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	pility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	91 Somerville Drive
(Principal office address MUST BE A STREET ADDRESS)	Ponte Vedra, FL 32081
Enter new mailing address, if applicable:	91 Somerville Drive
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>	Ponte Vedra, FL 32081
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> :	address on our records, <u>enter the name of the new regist</u> Enter Florida street address
	Florida City 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.

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	,		🗆 Add
		<u> </u>	🗆 Remove
			□Change
	<u> </u>		□∧Jd
			🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if a

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Dated grature and member or authorized representative of a member Robert Curtis Hootselle Typed or printed name of signee