(((H24000399009 3)))



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From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Phone : (800)432-3622 Fax Number

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHOPS AT BABCOCK RANCH, LLC

Certificate of Status	0
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T. LEMIEUX DEC - 5 2024

company has been notified in writing of this change.

## Docusign Envelope ID: E407D56B-BA2A-4B40-AB59-973A28E08EE0 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

H24000399009

The Articles of Organization for this Limited Liability Company were filed on  Ilorida document number  This amendment is submitted to amend the following:	09/19/2024	and assigned	
his amendment is submitted to amend the following:			
his amendment is submitted to amend the following:			
To any diamental and the limited liability company have			
If amending name, enter the new name of the limited liability company here	:		
HOPS AT TWISTED OAKS, LLC			
he new name must be distinguishable and contain the words "Limited Liability Company," the design	gnation "LLC" or the at	obreviation "L.L.C."	
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	· <u> </u>		
		20	
nter new mailing address, if applicable:		F.)	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		<u> </u>	
		,	
3. If amending the registered agent and/or registered office address on our reco	ords, <u>enter the nan</u>		
gent and/or the new registered office address here:			
		<b>02</b>	
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
City		Zip Code	
ew Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agree to act in this cap	acity. I further ag	ree to comply with	

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = M $AMBR = A$	lanager Authorized Member	H24000399009	
Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change
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11 gmenum	g any bener intormation, en	nter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>	
	<u></u>	
Note: If the	ite, if other than the date of date is listed, the date must be speci date inserted in this block does effective date on the Department	optional)  cific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( es not meet the applicable statutory filing requirements, this date will not be listed as the control of State's records.
he record speci ord is filed.	ifics a delayed effective date, b	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	DECEMBER 3	2024
	- move or. Sauford P. Arou	
	Signatur	re of a member or authorized representative of a member

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