

L24000453966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

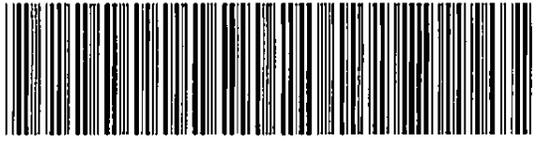
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/04/24--01012--009 **25.00

POSTED TO PUBLIC

JAN 16
S. PRATHER

SANDBERG PHOENIX

Jennifer M. Scott
Paralegal

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November 26, 2024

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Filing Request for WRV-NDV LINDEN LODGE LLC

Dear Clerk:

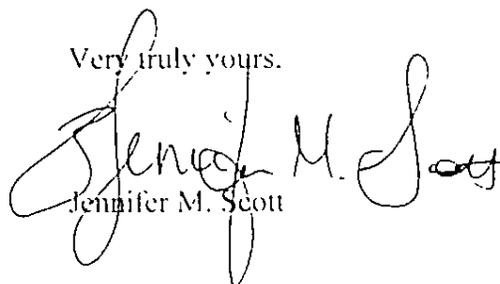
Enclosed in duplicate for filing please find the executed Articles of Amendment to Articles of Organization for WRV-NDV LINDEN LODGE LLC (Florida Document No. L24000453966).

Also enclosed is a check for Twenty-Five Dollars (\$185.00) made payable to the Florida Department of State – Division of Corporations by and for the fees for the document package.

Kindly return the file stamped copies of the documents in the enclosed self-addressed stamped envelope.

Thank you for your assistance with this matter. Please call our office with any questions or if additional information is required

Very truly yours,


Jennifer M. Scott

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WRV-NDV LINDEN LODGE LLC
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:

Jennifer M. Scott, Paralegal
Name of Person
Sandberg Phoenix & von Gontard, P.C.
Firm/Company
120 S. Central Ave., Ste 1600
Address
Clayton, Missouri 63105
City/State and Zip Code
jescott@sandbergphoenix.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Scott at (314) 425-4927
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WRV-NDV LINDEN LODGE 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 10/24/2024 and assigned
Florida document number L24000453966.

This amendment is submitted to amend the following:

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

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

_____ 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.

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>	<u>Address</u>	<u>Type of Action</u>
MGR	NANCY VICKROY	620 Crane Prairie Way	<input type="checkbox"/> Add
		Osprey, FL 34229	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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 90 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 record is filed.

Dated 11/13/2024 | 12:10 PM EST

DocuSigned by:

Nancy Vickroy

Signature of a member or authorized representative of a member

Nancy Vickroy, Member

Typed or printed name of signee

Vertical stamp or text on the right margin.