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(Business Entity Name)

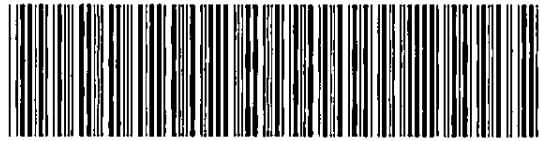
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SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TYMBER CREEK SEVENTY 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:

Penny K. Every

Name of Person

Jeffrey C. Sweet, Attorney

Firm/Company

595 W. Granada Blvd., Suite A

Address

Ormond Beach, FL 32174

City/State and Zip Code

penny.every@jsweet.law.com

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

For further information concerning this matter, please call:

Penny K. Every

386 676-5669  
at ( )

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

SECRETARY OF STATE  
TALLAHASSEE, FL  
JUN 10 PM 9:46  
JUN 10 2005

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

TYMBER CREEK SEVENTY 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 February 10, 2025 and assigned  
Florida document number L25000070119.

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)

2665 North Atlantic Ave.

Suite 212

Daytona Beach, FL 32118

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2665 North Atlantic Ave.

Suite 212

Daytona Beach, FL 32118

**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:

Richard A. Cordes

New Registered Office Address:

2665 North Atlantic Ave., Suite 212

*Enter Florida street address*

Daytona Beach

Florida 32118

*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          | John K. Sutherland | 2540 Camino Diablo      | <input type="checkbox"/> Add               |
|              |                    | Suite 200               | <input checked="" type="checkbox"/> Remove |
|              |                    | Walnut Creek, CA 94597  | <input type="checkbox"/> Change            |
| MGR          | Richard A. Cordews | 2665 N. Atlantic Ave.   | <input checked="" type="checkbox"/> Add    |
|              |                    | Suite 212               | <input type="checkbox"/> Remove            |
|              |                    | Daytona Beach, FL 32118 | <input type="checkbox"/> Change            |
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 2. What are the key findings of the study?  
 3. What are the limitations of the study?  
 4. What are the implications of the study?  
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1. The first step is to identify the problem.

**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.

Dated \* May 28, 2025

\*

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Richard A. Cordes

Typed or printed name of signee

**Filing Fee: \$25.00**