

LO700004667Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

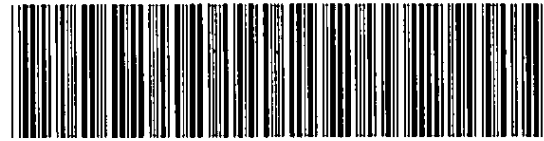
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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1. Board Certified Real Estate
2. Board Certified Wills Trusts & Estates
3. Master Of Laws Taxation
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5. Master Of Laws Estate Planning & Elder Law
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October 20, 2020

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

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Re: 1062 Weed Street, LLC

Dear Sir:

Enclosed please find an original and one conformed copy of the Articles of Amendment to Articles of Organization for the above named limited liability company. I would appreciate your filing the original with your office and returning the conformed copy with your Certificate attached together with the Certificate of Status to this office.

I am also enclosing our check in the amount of \$60.00 covering the following:

Filing Fee	\$25.00
Certified Copy	30.00
Certificate of Status	5.00

Thank you for your consideration in this matter.

Sincerely,

George G. Collins, Jr.
For the Firm

GGC, JR./mja
Enclosures

PHONE: 772.231.4343 | FAX: 772.234.5213 | WWW.VEROLAW.COM

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

1062 WEED STREET, 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 2, 2007 and assigned
Florida document number 1.07000046672

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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 "L.L.C." 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:

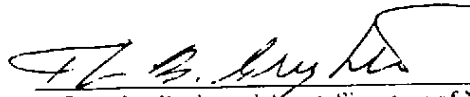
New Registered Office Address:

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>
MGRM	Thomas, Slaughter	451 Indian Harbor Road	<input type="checkbox"/> Add
		Vero Beach, FL 32963	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Thomas Brown Slaughter, Trustee	Thomas Brown Slaughter Living Trust dtd 9/30/1999	<input checked="" type="checkbox"/> Add
		451 Indian Harbor Road	<input type="checkbox"/> Remove
		Vero Beach, FL 32963	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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DEPARTMENT OF STATE

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 September 29, 2020.

Signature of a member or authorized representative of a member

Thomas Brown Slaughter, Trustee, Thomas Brown Slaughter Living Tst dtd 9/30/1999, as restated

Typed or printed name of signee