L19000017553

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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
OVER	1410 Elizabeth I	Lane LLC		
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Sharon Williams			
	Name of Person			
	1410 Elizabetho Lane LLC			
		Firm/Company		
	12200 W. Colonial Dr - St	e 303		
		Address	205	
	Winter Garden, Florida 34	787	AL AND	
	sharon@exchangeplace.net	City/State and Zip Code	DEGREE (AND 19 PH 2: 31	
	=	to be used for future annual report no	otification)	
For further information c	oncerning this matter, please c	all:	onneation)	
Annette Gayle		407 347-4247	, m	
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		Street Address: Registration S	Section	
Division of Corporations		Division of Co	orporations	
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1410 Eliza	beth Lane LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 1/18/2019	and assigned
Florida document number L19000017553	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
		A
E. C. C. P. C. Albert Mr. B. L.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, en	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	tress	
		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>	Address	Type of Action
SEC	Jacob Williams	12200 W. Colonial Dr	≣Add
		Ste 303	□ Remove
		Winter Garden, FL 34787	□Change
			□Add
			□Remove
			□Change
			O D Add
		<u> </u>	72 4 2 Add
			□Remove
		-	□Change
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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 Note: If the date inserted in this block does not meet the applicab	date of filing or more than 90 days after filing.) Pursuant to 6 de statutory filing requirements, this date will not be l	605.020 isted a
document's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective tim rd is filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
Dated September 29 2023		
	zed representative of a member	
Signature of a theirfier or authori		

Filing Fee: \$25.00