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(Requ	estor's Name)	
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PICK-UP	MAIT	MAIL
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(Доси	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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JAN 24 2020 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor	porations		
SUBJECT: <u>1700</u>	Biccayne Reside	ited Liability Company	
		nea starting company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter		
	Kristofor Ne	Name of Person	
	NR Goup	Name of Person Assot Managen Ge Firm/Company	nt, Ihc.
	IIII Park Co	Address	
	Mian: Gurlans,	FL 33169 City/State and Zip Code	
	Nutalie @ Nrin E-mail address:	Vestments, Com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca		
Kristofor Nel	(oh f Person	at (\$\frac{9305}{\text{Area Code}}\) Daytime	625-1949 Telephone Number
Enclosed is a check for the	ne following amount:		
⊠ \$25.00 Filing Fee	S30.00 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

至22 6

	OF	
17-00 Biscayne Ro	Sidential, LLC d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	FILE EC 20
\ <u></u>	A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L 19000771</u>	ability Company were filed on 3/19/2019 196	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
MARION COM UNI	ords "Limited Liability Company." the designation "LLC" or the	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company." the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applica	tble:	
(Principal office address MUST BE A STREE)	TADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE I	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, <u>enter the resords.</u> s here:	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Code
	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 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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
		·	□Add
			□Remove
			Change
		,-	
			□Remove
			□Change
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
		Change	
		□Add	
			□Remove
			□Change

(If an e Note:	tive date, if other than the date of filing:
the record is t	ord 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 filed.
Dated	Decomber 17th 2019 May. M Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member