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APR 01 2021 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 160 and 100 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:
Linda Manfre
Magellan Group Investments LL
18/1 Corporate Drive
Boynton Beach, FL 33426
Inda manfre o Worvantachners. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Linda Manfre at (954) 263-7345 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. 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

160 Yar	nato	LLC	20
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as i a Limited Liabilit	t now appears on our records y Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C		filed on Februar	
This amendment is submitted to amend the following:			<u>त</u>
A. If amending name, enter the new name of the limit Havertys Way LL The new name must be distinguishable and contain the words "Limit No. 10 to 10 t			" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
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:	d office addre	ss on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	-	Enter Florida street addres.	s
	_	 ' : : :	orida
	(Tity	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
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
		☐ Change	
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		□Add	
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an ef Sote:	fective date, if other than the date of filing:
reco d is fi	rd 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 led.
Dated	February 5 2001
	Signature of a member or authorized corresentative of a member
	Signature of a member or authorized representative of a member Robert Fessier

Filing Fee: \$25.00