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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration So Division of Cor			
65	BZIJILTZZB	117	
SUBJECT: <u>b</u>		ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Josh	Bennett	
	Josh	Name of Person N. Bennett	
		Firm/Company	
	<u>500 S</u>	E 18th Court	<del></del>
	Fort Lau	deidale, FL 33	316
	E-mail address: (	City/State and Zip Code  Fine Q j Sh Benne H  to be used for future annual report not	ication)
For further information c	oncerning this matter, please ca	all:	
		at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address:	otion
Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

65821J1LT228 LL	<u>C</u>	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Torida document number <u>L2100016855</u> .	were filed on $\frac{1/05/2021}{\text{and assign}}$	ıed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile 6521 J1 LT 228 LLC the new name must be distinguishable and contain the words "Limited Liabile new name must be distinguishable and contain the words "Limited Liabile new name must be distinguishable and contain the words "Limited Liabile new name must be distinguishable and contain the words "Limited Liabile new name of the limited liabile new name new n		
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 a gent and/or the new registered office address here:	uddress on our records, enter the name of the new re	egisterea
Name of New Registered Agent:	299	
New Registered Office Address:		
	Enter Florida street address	
	City Zip Code	
ew Registered Agent's Signature, if changing Registered Agent:	c)	
hereby accept the appointment as registered agent and agre rovisions of all statutes relative to the proper and complete ccept the obligations of my position as registered agent as p eing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my duties, and I am familiar with a provided for in Chapter 605, F.S. Or, if this docume	md

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
		<del></del>	□Change
	<del></del>		□Add
		<del></del>	□Remove
			□Change
		<del></del>	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
		□Remove	
		□Change	
			□Remove
			□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	effective date, if other than the date of filing:
ne reco	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	i <u>Feb 9</u> . 2021.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00