Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 912 SE 46TH LANE, LLC

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C. BRUMBLEY DEC 1 0 2021

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

912 SE 461H LANE, L		
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited L Florida document number L2100005885		
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company here	;
The new name must be distinguishable and contain the v	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
		<u> </u>
Enter new mailing address, if applicable:		DEC T
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u> </u>
B. If amending the registered agent and/or	registered office address on our rec	ords, enter the name of the new registery
agent and/or the new registered office addre	ss here:	,
Name of New Registered Agent:	Registered Agents Inc.	
New Registered Office Address:	7901 4th St N STE 300  Enter Florid.	a street address
	St. Petersburg	Florida 33702
	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
MGR	David S Bluestein	730 NE 19TH PLACE	□Add
		CAPE CORAL, FL 33914	
			□Change
MGR	Christopher Mitchell	730 NE 19TH PLACE	<b>%</b> Add
		CAPE CORAL, FL 33909	Remove
			□Change
<del></del>			🗆 Add
			□Remove
			□Change
			🗀 Add
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	Marinet ner		□Add
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ffective date, if other an effective date is listed, the state. If the date inserted locument's effective date	in this block does no	ot meet the applicable :	e of filing or more than tatutory filing require	(optional) 90 days after filing.) Pursua ements, this date will no	nt to 605 0207 t be listed as
record specifies a delayed is filed.	d effective date, but i	not an effective time, a	t 12:01 a.m. on the ea	arlier of: (b) The 90th o	lay after the
Dated 12/09		2021			
Rilm	Pal				
Kilm	Signature of	a member or authorized	representative of a mer	nber	

Filing Fee: \$25.00