L21000091397

(Requestor's Name)	
	Address)	
	Address)	
	City/State/Zip/Phone #)	
,	engli Comol Elphi Helic III	
PICK-UP	WAIT	MAIL
(1)	Business Entity Name)	-
	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	Filing Officer:	
		j

Office Use Only



700380990357

02/03/22--01001--006 **50.00

TALLAHASSEE, FL

2022 FEB -2 PM 4: 0

FEB 0 3 2027.

I ALBRITTON

ACCÉSS, _

CORPORATE When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1660. Fax (850) 222-1666

			WALK IN		
	Ĭ	PICK UP:	2/2 DANNY		
	CERTIFIED COPY	·			
XX	РНОТОСОРУ				
	CUS				
xx	FILING	LLC	CAMEND		
3	3320 NE 17 STREE CORPORATE NAME AND D	T, LLC OCUMENT #)			
(0	CORPORATE NAME AND D	OCUMENT #)			
(6	CORPORATE NAME AND D	OCUMENT #)			
(0	CORPORATE NAME AND D	OCUMENT #)			
((CORPORATE NAME AND D	OCUMENT #)			
((CORPORATE NAME AND D	OCUMENT #)		.	
ECIAL STRUCT	ΓΙΟΝS:				
				<u>-</u>	

COVER LETTER

TO: Registra Division	ction Section of Corporations
3320 SUBJECT:	9 NE 17 Street, LLC
SUBJECT.	Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Emilia R. Akridge
	Name of Person
	Crown Holdings Group, LLC
and a supplier of the supplier	Firm/Company
	4828 Ashford Dunwoody Road, Suite 200
	Address
	Atlanta, GA 30338
	City/State and Zip Code
• •	eakridge@crownhgroup.com
·	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Emilia R. Akridge	
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	ck for the following amount:
■ \$25.00 Filing	
	Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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

3320 NE 17 Street, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 2, 2021 and assigned Florida document number L21000091397 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." . 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

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>	Name	Address	Type of Action
AMBR	AED Home Property Investments, I	4828 Ashford Dunwoody Road, Suite 100	□Add
		Atlanta, GA 30338	
		**	≣Change
			□Add
		:: <u></u>	□Remove
·			□Change
···			□Add
	<u>:</u>	·	□Remove
	· · · · · · · · · · · · · · · · · · ·	·	□Change
	· · · · · · · · · · · · · · · · · · ·		□Adđ
			□Remove
t see ms .		:	□Change
	·		□Add
	t _e m ee .	· , 	□ Remove
			□Change
			□Add
	• • • • • • • • • • • • • • • • • • • •		□Remove
			□ Change

·		·+-			· · · · · · · · · · · · · · · · · · ·
					<u> </u>
					
				•	
				<u> </u>	
•			<u>. </u>		
					
			<u>-</u>		
	_ <u>_</u>	<u> </u>			
					
			- 1	 · -	
-					
					
				. <u></u>	<u></u>
			1.		-
fective date, if other than t	he date of filings			Z	
in effective date is listed, the date r	just be specific and car	nnot be prior to da	te of filing or more t	(option han 90 days after fil	ing \ Duranau ta 605 01
ote: If the date inserted in this cument's effective date on the	block does not mee	t the applicable	statutory filing re-	quirements, this d	ate will not be listed
	•				
ecord specifies a delayed effec	rive date, but not an	effective time, a	at 12:01 a.m. on th	ne earlier of: (b)	The 90th day after th
is filed.			•		The your day after to
February 2	4	1023			
ted	 ; -	2022			
- n C	5014				
	1				
What I	Signature of a men	ber or authorized	representative of a	member	

Filing Fee: \$25.00