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SECRETARIA DE LIME TALLEZANOSTE, EL ORIOZ

COVER LETTER

10.	Division of Corporati	ions					
SUBJE	ECT:	73	5 5	W Au	SE A	LLC.	
		,	Name of Limite	ed Liability Comp	any		
The end	closed Articles of Amen	dment and fee	e(s) are subm	itted for filing.			
Please	return all correspondence	e concerning	this matter to	the following:			
		F. /	ANTH	ON LI Name of Per	son V	SALV	<i>*************************************</i>
	_			Firm/Compa	any	<u> </u>	
	_/	147	E. 2	Address	V AVE	<u> 57</u>	EA
		WW, anth	TER ony @	PAP City/State and Zi PAP	K Fl p Code daon	30. ereal	EA 1789 estate, com
For fur	ther information concern				: annual report n	otification)	
_A	NTHON II Name of Person	Cons	BALVO	at (Area Co	$\frac{7}{2}$ de Days	9-70 time Telephone	<u>70 ex</u> + 106 Number
Enclose	ed is a check for the follo	owing amoun	t:				
\$22	5.00 Filing Fee 🔲 :	\$30.00 Filing Certificate o		S55.00 Filin Certified C (additional co	_	(60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address: Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations		R D T 2-	treet Address: Legistration Solivision of Control of Control of Alian Monfallahassee, I	Section Corporations f Tallahasse roe Street,	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

735 SI	N AVE A LLC
(Name of the L	M 17VE 7 LLC. imited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limite	d Liability Company were filed on <u>June 11, Job 1</u> and assigned
Florida document number <u>L 21000</u>	273677
This amendment is submitted to amend the	following:
A. If amending name, enter the new nam	e of the limited liability company here:
The new name must be distinguishable and contain t	he words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if ap	plicable:
(Principal office address MUST BE A STR	EET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFIC	
B. If amending the registered agent and/ agent and/or the new register <u>ed office ad</u>	or registered office address on our records, <u>enter the name of the new registere</u>
agent and/or the new registered office ad-	ness nere.
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address NR C
New Registered Office (Marcos).	Enter Florida street address
	Florida $n \ge \infty$
N. D. i.a. I.a. W. Sir va va Gabani	ng Registered Agent:
New Registered Agent's Signature, if changi	
	tered agent and agree to act in this capacity. I further agree to comply with th roper and complete performance of my duties, and I am familiar with and
	registered agent as provided for in Chapter 605, F.S. Or, if this document is the registered office address, I hereby confirm that the limited liability
company has been notified in writing of t	

If Changing Registered Agent, Signature of New Registered Agent

	g Authorized Person from our records:	(s) authorized to ma	nage, enter the title, name, and address of each	h person being added
MGR = M AMBR = A	lanager uthorized Member	i.		
<u>Title</u>	Name		Address	Type of Action
AMBR	JAMES	SAVKO	147 ELYMAN AV	<u>E</u> □Add
TITLE PREST	DENT		BIEA	Remove
			LINETED BOND #1 20	79 D
AMBR TI <u>TLE P</u> R	ESI DENT		147E LYMAN AVE LUO STEA	⊠Add
	E. ANTHO	Ny CONSA	STE A	□Remove
			WINTER PARK, FL 3178	
				□Add
				□Remove
				□Change
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If ame	ending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
-		
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If an cf Note:	If the date inserted in this	he date of filing:
e recor	_	etive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	OCTOBÉR.	18, 2022.
		Signature of a member of authorized representative of a member
	E, L	WTHONG CONSALVO
		Typed of printed name of signer