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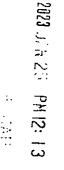
(Requestor's Name)
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PICK-UP WAIT MAIL
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2d Copies Certificates of Status
e.al Instructions to Filing Officer:
Free amendment to Correct hame filed in error

Office Use Only



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COVER LETTER

	distration Section of Corp		•	
SUBJE C T:	14969 appleto			
30131.01.			ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	rall correspon	dence concerning this matter	to the following:	
			Name of Person	
			Firm/Company	
			Address	
			City/State and Zip Code	_ .
For further i	nformation co	E-mail address: (to be used for future annual report no	tification)
roi minici i	montation con	icerning this matter, picase of		
Name of Person		at () Area Code Dayti	me Telephone Number	
Enclosed is:	a check for the	following amount:		
□ \$2 5,00	filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & 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

PM 12: 13



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

14969 appleton blvd		
(Name of the Limited Liability ((A Florida Lii	Company as it now appears on ou nited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Com	pany were filed on	and assigned
Horida document number 1.23000012426		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	I liability company here:	
4969 APPLETON BLVD LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		2
		ق.ء ب
Enter new mailing address, if applicable:		. 2.
Mailing address MAY BE A POST OFFICE BOX)		
		1 P 1:
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		St St C
	ffice address on our records	, enter the name of the new registe
	ffice address on our records	enter the name of the new register.
gent and/or the new registered office address here: Name of New Registered Agent:	ffice address on our records	enter the name of the new register.
ngent and/or the new registered office address here:	ffice address on our records Enter Florida stree	
		υ

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
			🗆 Add
			□Remove
			□ Change
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		**************************************	Remove
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Signature of a member or authorized representative of a member GUILLERMO ANEL TIEMROTH	If amending any other info				- ,		
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Filing Fee: \$25.00