

L23000068194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

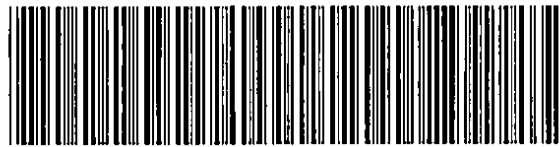
(Business Entity Name)

(Document Number)

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08/07/23--01046--005 **25.00

2023 AUG 7 PM 6:42
STATE
RE, FL
ED

R. HUNT

08/07/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2840 Cady Way LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lucas Ingemi

Name of Person

Lotus Capital LLC/Avenue Capital LLC

Firm/Company

444 Covey Cove

Address

Winter Park, FL 32789

City/State and Zip Code

kaitlyn@hiretreadstone.com

E-mail address: (to be used for future annual report notification)

STATE
TALLAHASSEE, FL
JUN 11 2011 7 PM 6:42

For further information concerning this matter, please call:

Lucas Ingemi 617 605-1843

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

7

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2840 Cady Way 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 2/7/2023 and assigned Florida document number L23000068194.

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 _____

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------------|-----------------------|--|
| AMBR | Lotus Capital LLC | 337 Turkey Run | <input type="checkbox"/> Add |
| | | Winter Park, FL 32789 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Troy Ingemi | 337 Turkey Run | <input type="checkbox"/> Add |
| | | Winter Park, FL 32789 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Avenue Capital Partners LLC | 213 Grover St | <input checked="" type="checkbox"/> Add |
| | | Revere, MA 02151 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

STATE
11/6/12

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information. A stamp is visible on the right side of the page, oriented vertically, containing the text: 'RECEIVED', '7 PM 6:14:2', 'STATE', 'FLORIDA', 'TALLAHASSEE, FL'.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b).

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August 1, 2023

Lucas Ingemi

Signature of a member or authorized representative of a member

Lucas Ingemi

Typed or printed name of signee