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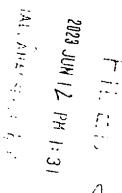
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COVER LETTER

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cuptrov		FF FAMILY TRUST, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		LES C. SHIELDS		
			Name of Person	
		MORRIS & SHIELDS, P.,	۸.	
			Firm/Company	
		685 ROYAL PALM BEACH BLVD, SUITE 205 Address ROYAL PALM BEACH, FL 33411 City/State and Zip Code		
				
		DIONNEVANDRUFF@Y/		
			to be used for future annual report	notification)
For further i	nformation e	oncerning this matter, please e	all:	
LES C. SHI	ELDS, ESQ.		561 793-1200 at ())
-	Name o	f Person		ytime Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Addres		Street Address Registration	
		Corporations		Corporations
	D. Box 632 Hahassee, I			of Tallahassee nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION JUN 12 OF ALTICLES OF AMENDMENT ALTICLE

VAN DRUFF FAMILY TRUST, 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 Co	ompany were filed on MAY 12, 2023	and assigned
Florida document number L23000235977	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
1742 BARNSTABLE, LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	<u>ESS)</u>	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
rew registered Office Address.	Enter Florida street addr	ess
	1	
	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 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	<u>Address</u>	Type of Action
			□Remove
		<u> </u>	
			□Remove
			□Change
<u> </u>			□Add
			□Remove
			□Change
			□Add
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			□Remove
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			F)Change

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ote:	ve date, if other than the date of filing:
recore is file	I 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 ed.
ated .	MAY 22 2023
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00