## 115000109546

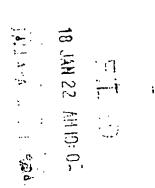
(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nai	me)
(Docu	ıment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	

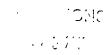
Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor			
	3345 Devoi	ishier LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	<u> </u>
		Amendment and fee(s) are sub-		
	·	Thomas Lloyd IV	·	
			Name of Person	
		2411 Wood Pointe LLC		
			Firm/Company	
		2411 Wood Pointe		
			Address	<del></del>
		Holiday, FL 34691		
		tjlloyd66@aol.com	City/State and Zip Code	
		• • •	to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	ill:	
Thoma	as Lloyd IV		813 478-0195	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2	5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3345 Devonshier LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our record ed Liability Company)	18.)
The Articles of Organization for this Limited Liability Comparing document number L15000109546	nny were filed on 4/26/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
3345 Devonshire LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	"" or the abbreviation "Fa.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	2	23
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5.0
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	.5.5
	. FI	lorida
	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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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dective date, if other than the date of filing:  1/15/2018  1/15/2	statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not ar The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlie
ted 1(15) . 2019.	

Page 3 of 3

Filing Fee: \$25.00