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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	· #)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

O :	Registrațion Se Division of Cor	ction porations		,
·UD IE		ORIDA ST. LLC	•	
SUBJEC	.1;	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Lee Tilton, Esquire		
			Name of Person	
		Tilton & Tilton Law, P.A.		
			Firm/Company	·
		1935 NE Ricou Terrace		
		··· · · ·	Address	
		Jensen Beach, FL 34957		
			City/State and Zip Code	
		lee@tiltonlawpa.com	to be used for future annual report no	dification)
For furthe	er information c	oncerning this matter, please ca		,
Lee Tilto	on		772 334-3305	
	Name o	f Person		ne Telephone Number
Enclosed	is a check for th	ne following amount:		
≡ \$ 25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Address:</u> Registration So	ection
	Division of C	orporations	Division of Co	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

348 SE FLORIDA ST, LEC			
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears (Liability Company)	on our records.)
The Articles of Organization for this Limited L Torida document number <u>L17000194287</u>	iability Company	were filed on Septe	ember 19, 2017 and assigned
his amendment is submitted to amend the foll	owing:		
a. If amending name, enter the new name o	f the limited liab	ility company here	<u>e</u> :
N/A			
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.JC."
nter new principal offices address, if applic	able:	N/A	\$EQF
Principal office address MUST BE A STREE	ET ADDRESS)		PEC .
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>ΒΟλ)</u>	N/A	13 PM 6 05
. If amending the registered agent and/or need and/or the new registered office address Name of New Registered Agent:	•		cords, enter the name of the new regist
Name of New Negistered Agent.	1035 VID D'		
New Registered Office Address:	1935 NE Ricou		la street address
	Jensen Beach	LINET (TOPICA	Florida ³⁴⁹⁵⁷
		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

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

uGR = Manager

AMBR = Authorized Member

<u> Fitle</u>	Name	Address	Type of Action
N/A	N/A	N/A	□Add
			□Remove
			☐ Change
			□Add
		 	Remove
			Remove SECRETARY OF STATE SECRETARY OF STATE
		,	Remove
			□Remove
			Change
			☐ Change
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	t be specific and cannot be prior to date of filing cock does not meet the applicable statutory f		
ord specifies a delayed effective filed.	e date, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The	90th day after
December 10	2019		
<u> </u>			
	Signature of a member or authorized representa	tive of a member	

Filing Fee: \$25.00