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## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Sec Division of Corp				
SUBJECT:	8530 K	ICHMOND ST	LLC	
<u></u>	Name of Limi	ited Liability Company		
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please return all correspor	dence concerning this matter	to the following:		
	VICTORIA	VI QWA Name of Person		
	Bookkeepii	19 SERVICE BY Firm/Company	y Vicki Ive	
	6990 82	Address Address		
		Park FL 3. City/State and Zip Code		
	Tax pro Vicki E-mail address: (1	a gmail. Com	report notification)	
For further information co	ncerning this matter, please ca	all:		
VICTORIA VI	GWA Person	at ( <u></u>	546-3191	<del></del>
Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the	e following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of	of Status & opy
Mailing Address Registration S	ection	<u>Street Ac</u> Registra	Mress: ation Section	
Division of Co	orporations	Divisio	n of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8530 X	ICHMOND ST LLC	
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our record a Limited Liability Company)	<u>v</u> )
The Articles of Organization for this Limited Liability C	Company were filed on	, 2019 and assigned
Florida document number <u>4200000 538</u> 0	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	2020 I
Enter new mailing address, if applicable:		AS: 9
(Mailing address MAY BE A POST OFFICE BOX)		
(Stating dataress SIAT BL 21 OST OFFICE DOLL)		12: 2 
		rd 0
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, <u>enter</u> :	r the name of the new registered
Market Day Control Annual		4/,
Name of New Registered Agent:		N
New Registered Office Address:	Enter Florida street addre	255
	r.	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my duties, t agent as provided for in Chapter 605 red office address, I hereby confirm t	na 1 am jamuar wan and F.S. Or, if this document is

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>	Address	Type of Action
AMBR + MGR	STACEY WATSON	8513 RICHMOND ST	□Add
·		GIBSONTONS, FL 33534	□Remove
			<b>⊠</b> Change 7/76€
			□Add
			□Remove
			□Change
		□Add	
			□Remove
		,	Change
			□Add
			Remove
			□Change
			□ Add
			□Remove
<del></del>			
			□Remove □Change
			∟:Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u>	ctive date, if other than the date of filing:
ecord is	
Date	d March 4, 2020.
	Harth 4, 2020.  Signature of a member or authorized representative of a member
	0
	STACEY WATSON  (Exped or printed name of signee)

Filing Fee: \$25.00