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2020 SEP 15 PH 3: 19

COVER LETTER

Registration Section Division of Corporations

1009 Lee Road LLC

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Daniel Blau		
		Name of Person	<u> </u>
	1009 Lee Road LLC		2020 TALL
		Firm/Company	SEP
	13810 Sutton Park Drive N	√unit 220	2020 SEP 15 PH 3: 1
		Address	PH C
	Jacksonville FL 32224		ZB SEP 15 PH 3: 19
	_	City/State and Zip Code	pr.
	danblau@msn.com	to be used for future annual report notific	ration)
For further information of	oncerning this matter, please ea	·	catony
	oncerning this matter, please ea		
Daniel Blau		860 729 2109 at ()	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for the	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)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Illahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1009 Lee Road 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 July 15, 2020 __ and assigned Florida document number L20000204366 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 7068 Deer Lodge Cir 108 LLC 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

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

Title	Namy	Address.	True of Action
			□Add
			□Remove
			□Change
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ffective date, if other than the date of filing:		(optional)		
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be price total fit the date inserted in this block does not meet the appli	or to date of filing or more t	han 90 days after filing	.) Pursuant to	605.020
locument's effective date on the Department of State's record		quirements, this time	will not be	nstett as
record specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the	he earlier of: (b) Th	ne 90th day	after the
d is filed.				
September 6 2020				
- 1//	<u> </u>			
	1 . 11 . 4			

Typed or printed name of signee