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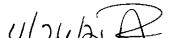
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
Opediar madadadna to	T ming Officer.	

Office Use Only



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Hayward Dykes, Jr. hdykes@handfirm.com DIRECT 850 650 0010 / FAX 850 424 5093

March 4, 2021

## SENT VIA REGULAR U.S. MAIL

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Articles of Amendment to Articles of Incorporation 2809 SCENIC HWY, LLC

To Whom It May Concern:

Please find the enclosed Articles of Amendment to Articles of Incorporation of 2809 SCENIC HWY LLC, a Florida entity. I have also included check #: 233548 in the amount of \$ 25.00 for processing of same.

Please let us know if you have any questions. Thank you.

Sincerely.

Jessica Campfield, FRP

Paralegal to Hayward Dykes, Jr., Esq.

jeampfield@handfirm.com

(850) 460-3697

ce: Client

## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	porations		
2809 SCEN	TC HWY LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
reduce recurrence converges		W. W. W. W. W. W.	
	JEFFREY T. SCHWART	ć	
		Name of Person	
	2809 SCENIC HWY LLC		
	<u> </u>	Firm/Company	
	115 OAKHURST LEAF E	DRIVE	
		Address	
	ALPHARETTA, GA 3000	14	
		City/State and Zip Code	
	jschwartz654@gmail.com	to be used for future annual report not	
Con Contact to Comments on			incation)
ror turmer information c	oncerning this matter, please c	an:	
JEFFREY T. SCHWAR'	ľZ	773 965-4000 at ()	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for th	e 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		Street Address: Registration Sc	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monre	Fallahassee oc Street, Suite 810

Tallahassee, FL 32303 .

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2809 SCENIC HWY LLC		
(Name of the Limited Liability Company : (A Florida Limited Liab	ns it now appears on our records.) Hity Company)	<del></del>
he Articles of Organization for this Limited Liability Company we	re filed on 01/28/2020	and assigned
orida document number L20000034682		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability	company here:	
) NORTH PROPERTIES LLC		
e new name must be distinguishable and contain the words "Limited Liability"	Company," the designation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		
_		
If amending the registered agent and/or registered office add tent and/or the new registered office address here:	ress on our records, enter the nam	e of the new registe
ent and/or the new registered office address here:		3
Name of Name Davinson d. A. 1994		
Name of New Registered Agent:		
New Registered Office Address:	P 17 . 1 11 .	
	Enter Florida street address	70
	, Florida	710 COD
	Cuy	zip Coae

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.

New Registered Agent's Signature, if changing Registered Agent:

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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Effectiv	e dute, if other than the date of filing:
(If an effec	tive date is listed, the date must be specific and cannot be prior to date of fluing or more than you as a full mind, it is date will not be listed as the
docume	nt's effective date on the Department of State's records.
	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
the meant	
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ord is file	
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ord is file	Signature of a method representative of a member