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Certified Copies	Certificates of	Status
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Special Instructions to Filin	g Officer:	
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Office Use Only



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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp			
SURIF	cr. 110	CARANA RI	D, LLC	
no bar	C1	Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please n	eturn all correspon	ndence concerning this matter	to the following:	
		Kayle	Leibold Name of President	
		·	Name of Person	
			Firm/Company	
		320	Wilma Circle Address	
		Weigh	KIVIEVA BELLCH, FO	L 33414
		L. Kayle	@ gmail.com to be used for future annual report notifi	
For furt	her information co	neerning this matter, please ca		
	Kayle	hibold	at (S14) 4960 S Area Code Daytime	5911
	Name of	Person	Area Code Daytime	Telephone Number
		e following amount:		
पूं \$25	.00 Filing Fec	S30.00 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 S	<del></del>	Street Address: Registration Sec	tion
	Division of Co		Division of Corp	
	P.O. Box 6327		The Centre of Ta	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1100 CABANA RD, 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 2/17/2021 and assigned Florida document number L2/00008/338
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
1271 SINGER DR, 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: ne charge
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: HC Change  (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 register agent and/or the new registered office address here: $N/R$
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:  $\mu/\mu$ 

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.

City

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: N/R

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	<u>Type of Action</u>
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	date, if other than the date of filing: (optional)  ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ote: If t	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocument	's effective date on the Department of State's records.
record sp is filed.	becifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	Signature of a member or authorized representative of a member
	dink Xh h
	KAYLE LEIBOLD
	Typed or printed name of signee

Filing Fee: \$25.00