## L18000256850

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Office Use Only



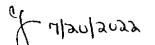
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## **COVER LETTER**

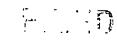
TO: Registration Sec Division of Corp			
SUBJECT:	1704 Vine	Street LLC ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Cheryl	Brown_ Name of Person	
		FirnyCompany	<del> </del>
	16623	Royal Palm I	<u>)Q.</u>
	Grovelar	nd, F1 34736 City/State and Zip Code	····
	aricher 52 E-mail address: (	to be used for future annual report notif	7 îcation)
For further information co	oncerning this matter, please co	all:	
Cheryl Hame o	Brown (Person	at ( <u>407</u> ) <u>288 -</u> Area Code Daytime	4020 Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		<u>Street Address:</u> Registration Sec	tion
Registration 5		Division of Cor	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JUL 20 PH 12: 02 The Articles of Organization for this Limited Liability Company were filed on 11/1/2018 and assigned Florida document number <u>L 18000 256850</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 City 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

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
MGR	Cheryl Brown		
	V		□Remove
			<b>▼</b> Change
			□Add
			□Remove
			Change
-12			
			□Remove
			□Change
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Effective date, if other than the date of filing:  fan effective 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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The effective date on the Department of State's records.  The effective date on the Department of State's records.  The 90th day after the distribution of the earlier of the e					<del></del>	<del></del>
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Filing Fee: \$25.00