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(Requestor's Name)
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A. BUTLER SEP 1 9 2022

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	100 Kelly Name of Line	Lane LLC 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:	
	5	tacy Farber	
		Named of Person	
		Firm/Company	
	136 SE	= 25 Ave	
	Name of Libited Liability Company se of Amendment and fee(s) are submitted for filing. Seespondence concerning this matter to the following: Standard Ferson Firm/Company 136 St J S Auc Address City/State and Zip/Code Standard States (to be used for future annual report notification) on concerning this matter, please call: Area Code 130.00 Filing Fee & Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) Certificate Copy (additional copy is enclosed) Certificate Of Status & Certificat Copy (additional copy is enclosed) Certificate Status & Certificat Copy (additional copy is enclosed) Certificate Status & Certificat Copy (additional copy is enclosed)		
	rticles of Amendment and fee(s) are submitted for filing. I correspondence concerning this matter to the following: Standard Ferson Firm/Company 136 SF JS Ave Address City/State and Zip/Code E-mail address: (to be egal for future annual report notification) rmation concerning this matter, please call: Area Code 134 JD - 0172 Area Code Certificate of Status Certified Copy (additional copy is enclosed) Address: Endangle Street Address: Street Address: Registration Section Registration Section		
For further information co			
Name of	f Person	at (<u>954</u>) <u>270</u> Area Code Daytim	0-0172 ne Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy
_	Section	Registration Se	
Division of C	orporations	Division of Cor	porations

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

	THE CO.
(Name of the Limited Liability Co	Company as it now appears on our records.)
(A Florida Limi	nited Liability Company) ULUTE A CENTER
	pany were filed on 6/1/202 and assigned
The Articles of Organization for this Limited Liability Comp	pany were filed on $6/7/202$ and assigned
Florida document number <u>L 22000 26 06 96</u>	2
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 I.	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	(2)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi	fice address on our records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
the street had been a figure.	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:
	

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
AMBR	Stacy Farber	136 SE 25 Ave	XAdd
	O	136 SE 25 Ave Boyston Sch, FL 334	75 □Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
		···	□Add
			□Remove
			□Change

Effective date, if other than the date of filing: ((If an 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 (3 Mote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record 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 ord is filed. Dated Aug. 23 Aug. 24 Aug. 23 Aug. 24 Aug. 24 Aug. 25 Aug. 26 Aug. 27 Aug. 28 Aug. 28 Aug. 28 Aug. 29 Aug. 20 Au). If amendir	ng any other in	formation, enter	change(s) here	: (Attach additi	onal sheets, if nec	ressary.)	
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	Dated	June ó	23	. 2022 Ful	<u>-</u> .			
Signature of a member or authorized representative of a member Device Face Device Property Device Devic	_		[:]	_	1	of a member		

Filing Fee: \$25.00