## L190002752163

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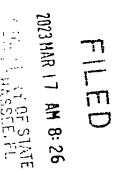
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
1.9	/ NMOTH VI	DULLAN ROAD	110
SUBJECT:	Name of Limi	RKMAN ROAD (	LLL
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	<i>\VU</i>	P. TRAN Name of Person	
	121 NORT	TH KIRKMAN RO Firm/Company	AD, LLC
	333 K	ETCH CT Address	
		OFL 32835 City/State and Zip Code	
	E-mail add css: ()	to be used for future appual report notified	(Om)
For further information co	oncerning this matter, please ca	all:	
VU (	Q. TRAN	at ( <u>407</u> ) <u>492</u> ~ Area Code Daytime	1192
Name of	Person	Area Code Daytine	retephone .vumber
Enclosed is a check for the	e following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	tion.
Registration S Division of Co		Registration Sec Division of Corp	
P.O. Box 632		The Centre of Ta	
Tallahassee F		2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

121 NORTH KIRKMAN	V ROAD , LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we also document number <u>L19000275263</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  22 KIRKMAN WALLINGT  The new name must be distinguishable and contain the words "Limited Liability	
	ORLANDO, FL 3283.5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	333 KETCH CT ORLANDO, FL 32835
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, enter the name of the new registere
Name of New Registered Agent:	2023 <b>- T</b>
New Registered Office Address:	Enter Florida street address
	Floridance Fig. Code Code Code Code Code Code Code Code
New Registered Agent's Signature, if changing Registered Agent:	TATE . FL

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 adde or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
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in effec <u>ote:</u> H	e date, if other than the date of filing: 03/13/2023 (optional) tive 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 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at 's effective date on the Department of State's records.
ecord is file	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
ited _	March 13 rd 2023
	Z 1 / 1
	Signature of a member or authorized representative of a member