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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: 77		AZA ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Rhonda 1	_Undy Name of Person	
	hare Oil & S	Supply Co., Inc.	
	2715 S Byr	on Butler Pkwy Address	
	Arry, FL 3	2348 City/State and Zip Code	
		o be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	II:	
Lorena G Name of	rambling Person	at (<u>850</u>)584 - 66 Area Code Daytime	66 X406 Telephone Number
Enclosed is a check for the	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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

77 Tra	vel Pla.	za LLC		
(Name of the Limit		as it now appears on our	r records.)	
The Articles of Organization for this Limited Li Florida document number LACCOSASO	ability Company w	vere filed on _2 C	7/2020	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liabili	ty company here:		
The new name must be distinguishable and contain the we Enter new principal offices address, if applie (Principal office address MUST BE A STREE	able:	y Company." the designation	on "LLC" or the abb	reviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BON)</u>		12 13 13 14 14	
B. If amending the registered agent and/or ragent and/or the new registered office address		dress on our records	enter the name	of the new registered
Name of New Registered Agent: New Registered Office Address:	Donals 2715 S	d Everett Byron Bu	- Jr. Her Pkw	<u> </u>
<u></u>	Perry	Enter Florida stree	n address, Florida	32348 Zip Code
New Registered Agent's Signature, if changing I	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

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	Donald Everett, Sr	2715 S Byron Butter	PKWY DAdd
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etive date, if other than the date of filing:	tiling or more than 90 days	ptional)	Pursuant	to 605 02
e: If the date inserted in this block does not meet the applicable statu iment's effective date on the Department of State's records.				
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ord specifies a delayed effective date, but not an effective time, at 12 filed.	:01 a.m. on the earlier o	f: (b) The	90th day	y after th
0105				
id 2/25				
Lonald La veisla				
Signature of a member or authorized repr	esentative of a member			