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COVER LETTER

subject: <u>410</u>	NORTH DILL Name of Limi	(ARD ST., LLC ted Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	_Lisa B	pennett	
	•	Name of Person	
		Firm/Company	
	139 N. HI	ghland Ave	<u>-</u>
		Address	000
	Winter 6	arden Fl. 34 City/State and Zip Code	787
	Octo 04	City/State and Zip Code	
	E-mail address: (t)	y @aol. com be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	•	,
1 . /	incoming this matter, prease ea		
<u>Lisa Ber</u>	nett	at (<u>311)</u> 948-	,
Name of	Person	Area Code Daytime	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:

TO:

Registration Section
Division of Corporations

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> 410 NORT</u>	H DILLA	ARA ST., L	LC		
(<u>Name of the Limited L</u> (A I	Jiability Company a Torida Limited Liabi	s it now appears on our ity Company)	records.)		
The Articles of Organization for this Limited Liabil Florida document number		e filed on <u>07/</u>	15 /200	3_ and ass	signed
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability	company here:			
The new name must be distinguishable and contain the words	"Limited Liability C	ompany," the designation	on "LLC" or the a	bbreviation "L	.L.C."
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	<u> DDRESS)</u>		- ن پر	PAR SEE	/Europe
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)			्र स्म	27 P	
		N	ORIDA	1: 57	
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our r	ecords, <u>enter</u>	the name	of the new
Name of New Registered Agent:		isa Ber	nett_		
New Registered Office Address:	139 N	Highland Enter Florida stree	AVU 1 address		
-	Wink	Inter Florida stree Car der T City), Florida	3478	2
		···,		13.p 00ut	

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.

f 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> **Address Type of Action Name** Lisa Bennett 139 N. Highland tre. 6xdd W.G. Fl. 34787 - Rema ☐ Change ☐ Add □ Remove ☐ Change ☐ Remove ☐ Change □ Remove ☐ Change □ Add <u>r∽</u>;□ Remove Remove ☐ Change

				
				
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an effective dat lote: If the da ocument's eff e record sp	ate inserted in this block does no fective date on the Department o	and cannot be prior to date of filing or mo t meet the applicable statutory filing f State's records.	requirements, this date will no	ot be listed a
ated	5/20 Ball 13	, 2016.	of a member	
		a member/of authorized representative of the state of the	27 F ARY O SSEE	E
		. Abor or brunen menor of subsect	F STATE	
		Page 3 of 3	P -	•

Filing Fee: \$25.00