L03000041278

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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21 HAY TO PM 3: 20

COVER LETTER

Tallahassee, FL 32314

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elib lezer.		s Development, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Bryan J. Stanley, Esq.		
			Name of Person	
		Bryan J. Stanley, P.A.		
			Firm/Company	
		209 Turner Street		
		-	Address	
		Clearwater, FL 33756		
			City/State and Zip Code	
		bryan@bryanjstanley.com	to be used for future annual report	
For further i	information c	oncerning this matter, please c		nonnearion)
Bryan J. Sta	inley, Esq.		727 461-1703	
	Name o	f Person	at () Area Code Da	ytime Telephone Number
Enclosed is	a check for th	he 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)
	illing Addres		Street Address	
	egistration S	Section Corporations	Registration	Section Corporations
	O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF THE STATE OF ARTICLES **OF**

21 HAY 10 PH 3: 20

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 agent and/or the new registered office address here:	assigned
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agent and/or the new registered office address here:	
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N/A	
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Name of New Registered Agent:	
Nov. Deviatored Office Address.	
New Registered Office Address: Enter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 20 PH 3: 20

<u>Title</u>	<u>Name</u>	Address 21 MAY 10 Ph 3. 20	Type of Action
MGR	CURTIS J. NEEL	410 Park Place Blvd, Suite 100, Clearwater, FL 3375	9 ≡ Add
			_ □Remove
			_ □Change
			□Add
			_ □Remove
			_ □Change
			_ 🗆 Add
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record specifies a delayed efforis filed.							ay after the
May 7		2021	_				
nted		· ——	_				
Workt	J.Pr		_				
May 7 What	J.P. Signature of a	member or author	rized representa	live of a membe	 t		_

Filing Fee: \$25.00