L04000 014 372

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL.
(B	usiness Entity Name))
(Ď	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	

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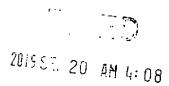
COVER LETTER

TO:	Registration Sc Division of Cor			
SURIF	Britt Plaza	LLC		
,,			ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Iliana Ramos		
			Name of Person	
		Britt Plaza LLC		
			Firm/Company	
		310 S Dillard St # 210		
			Address	
		Winter Garden, Florida 34	787-3515	
		iliana@empiretinish.com	City/State and Zip Code	
		E-mail address: (i	to be used for future annual report notifi-	cation)
For furt	ner information c	oncerning this matter, please ea	all:	
Anahli	Ramnez		407 656-9884	
	Name o	f Person	at (Telephone Number
Enclose	d is a check for th	re following amount:		
	.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 tadditional copy is enclosed)
	MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Britt Plaza LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on $\frac{02/12/2004}{1}$	and assigned
Florida document number <u>1.04000014372</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Industrial Center @ 429, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	530 Susan B. Britt Ct. S	te 210
(Principal office address MUST BE A STREET ADDRESS)	Winter Garden, Fl. 3478	77
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	
	Enter Florida street	address
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dut provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			□ Change
			Add
		·	□ Remove
			Change

	•
	•
H an e <u>Note:</u>	tive date, if other than the date of filing:
ie re Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	l
	Dhava Romon
	Signature of a member or authorized representative of a member

BRITT PLAZA, LLC

530 Susan B. Britt Ct. Ste 210 Winter Garden, Fl 34787 (407) 656 – 9884

September 18, 2019

To whom this may Concern:

Britt Plaza LLC, (L04000014372) name is to be changed to.

Industrial Center @ 429, LLC.

Return address is 530 Susan B. Britt Ct. Ste. 210 Winter Garden, Fl 34787. Daytime phone number is (407) 656 – 9884.

Thank you for your help,

Maia Romon