L05000067252

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	1495 66th S	St. N. D. LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Paul He	erzfeld	
	Lan Oftic	Name of Person e ot Paw Herztz Firm/Company	id
	1715 E E	Bay Dr, Suite	<u>C</u>
	La-g 0	FL 3377/ City/State and Zip Code -am On bay, OC. Com to be used for fugure annual report notific	
	dtorte a t	am On bay, PC. Com	ration)
For further information e	oncerning this matter, please c	all:) ()
		at (<u>727</u>) <u>5870</u> Area Code Daytime	COS Telephone Number 5
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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)
<u>Mailing Addres</u> Registration S Division of C P.O. Box 632	Section forporations	Street Address: Registration Sect Division of Corp The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

11495 667 5	ST N. B D	LLC	
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears of ited Liability Company)	n bur records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 0500067252</u> .	oany were filed on	7/1/05	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	:	
The new name must be distinguishable and contain the words "Limited I	iability Company." the desig	gnation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>-</u>	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
			.
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			THE OTHER
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our reco	ords, <u>enter the nan</u>	ic of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	-
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>tent:</u>		

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 added or removed from our records:

MGR = Manager

AMBR	=	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Clide M. Forte	11495 66th St N.	½ Add
		11495 66th st N. Largoft 33773	□Remove
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ective date, if other than the effective date is listed, the date mus e: If the date inserted in this blument's effective date on the De	it be specific and cannot be ock does not meet the	applicable statutory !		illing.) Pursuant to 605.020
cord specifies a delayed effective filed.	e date, but not an effe	ctive time, at 12:01 a.	m, on the earlier of: (b)	The 90th day after the
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ed ////////////////////////////////////	Jan 1	W. As	_	:
ed <u>/{/./`/ </u>	Signature of a member	or authorized representa	tive of a member	: : : :
ed <u>April, 36,</u>		or authorized representa W. Forter or printed name of signe		-10 Fill2 16

Filing Fee: \$25.00