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2021 JUL -9 PMIZ: 07 SECRETARY OF STATE TALLAHASSEF, FI

150/21

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	TI. II on at	72 D 11 C			
SUBJECT:	The House at Name of Lin	ited Liability Company	*	:	;
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		I	l
Please return all correspo	ondence concerning this matter	to the following:		,	
		Annie Jensen Name of Person			1
		Firm/Company		ı	1
	73 A	San Marco Aue Address USUSTINE FL 3. City/State and Zip Code niehcol@gmail. to be used for future annual report not all:	.	2021 JUL SECRETA TALLA	
	SFA	USUSTINE FL 3. City/State and Zip Code nnishcool@smail	2084 - Com	-9 PMI	
For further information of	E-mail address: (Concerning this matter, please c	to be used for future annual report national:	otification)	2: 07 TATE FL	
Ann	i E Jensen of Person	at (<u>850</u>) <u>52</u> Area Code Dayt	5 · 9008 ime Telephone Number	 !	}
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	1
Mailing Address Registration Solvision of C	Section Corporations	Street Address: Registration S Division of C	orporations		
P.O. Box 632	41	The Centre of	Tallahassee		

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The House at	73 B LLC	1
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>61. 25. 200 6</u>	and assigned
Florida document number L0600008787		1
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	1
73BLLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	reviation "L.L.C."
Enter new principal offices address, if applicable:	PG CA	i i n
(Principal office address MUST BE A STREET ADDRESS)	AH AH	1 3
	AS	
	मिन स्रोत	
Enter new mailing address, if applicable:	E A	2:0
(Mailing address MAY BE A POST OFFICE BOX)		-
The state of the s		!
		····
B. If amending the registered agent and/or registered office a	iddress on our records, enter the name	of the new register
agent and/or the new registered office address here:	-	
Name of New Registered Agent:		!
New Registered Office Address:		
	Enter Florida street address	
	Fiorida	[
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		1
hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further agre	e to comply with t
provisions of all statutes relative to the proper and complete i	performance of my duties, and I am fai	milion with and
accept the obligations of my position as registered agent as p	rovided 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			_ □Change
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fective date, if other than an effective date is listed, the date in serted in a secument's effective date on	his block does not i	meet the applicable	ite of filing or more that statutory filing requ	(option: n 90 days after fili irements, this da	al) ng.) Pursuant to ate will not be	o 605.020 e listed a
ecord specifies a delayed et is filed.	Fective date, but not	t an effective time,	at 12:01 a.m. on the	earlier of: (b)	The 90th day	after the
ited 7.6 - 💆	<u> </u>	, <u>2021</u> .			•	
		1			(
	Signature of a	member or authorized	I representative of a me	ember		
	•	•				