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Office Use Only



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FILED

SECRETARY OF STATE
ALL ANASSES OF OPINA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Di SCOUNT TOWN & LOW LUC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
CYNIC Weeks Name of Person
Orscount Towns & Recovery UC
2798 E 5th St. Address
Parama Cuty FL 32401 City/State and Zip Code Example 5
Discount town of meast inch to be used for future annual report notification)
For further information concerning this matter, please call:
Unic weeks Name of Person at (850) 763-4188 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\begin{array}{c} \Bar{2}\$ \$30.00 Filing Fee & \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

MAILING ADDRESS:

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

OISCOUNT TOWN 11 (Name of the Limited Liability (A Florida I.	Company as it now appears on our records imited Liability Company)	.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>LOLOSOS 29769</u>	mpany were filed on <u>3-21-20</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NH	
(Principal office address MUST BE A STREET ADDRE	SSS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
		S S
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		enter the mame of the new
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street address	<u>≅</u>
	, Flo	rida Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Ma AMBR = Au	inager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
Ambr	While weeks	2798 E. 5thst	Panama BAGG
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			Add
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an effective date is	listed, the date must be	specific and cannot	be prior to date of f	iling or more than 90 o	lays after filing.) I	ursuant to 605
	inserted in this block ive date on the Depar			ory filing requireme	ents, this date w	ill not be liste
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Filing Fee: \$25.00