## L08000053059

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SECRETARY OF STATE
TALLAHASSEE, FI

g 4/30/2025

## **COVER LETTER**

6		
	ON LLC	
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  LEX C. BROWN  Name of Person  AUDUBON LLC  Firm/Company  11110 MOORE ROAD  Address  LAKELAND, FL 33809  LEX BROWN  E-mail address: (to be used for fluture annual report notification)  For further information concerning this matter, please call:  LEX BROWN  Name of Person  Area Code  Duytime Telephone Number  Enclosed is a check for the following amount:  X \$25.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.
		•
	LEX C. BROWN	
		Name of Person
	AUDUBON LLC	
		Firm/Company
	11110 MOORE ROAD	
		Address
	LAKELAND, FL 33809	
	LEXBRN OAOL.	City/State and Zip Code
	<del>-</del>	
For further information	n concerning this matter, please of	ail:
LEX BROWN		
Name of Person		
Enclosed is a check for	r the following amount:	
\$25.00 Filing Fee		Certified Copy Certificate of Status of Certified Copy Certified Copy
Registration of	n Section Corporations 327	Registration Section Division of Corporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 MAR 21 PM 4: 03

AUDUBON LLC			105411MV 51 PH 4: 03	
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our r liability Company)	ECONTROL SECRETARY OF STATE TALLAHASSEE. FL	
The Articles of Organization for this Limited Lia	ability Company	were filed on 05/29/08	and assigned	
Florida document number L08000053059				
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		1110 MOORE ROAD		
(Principal office address MUST BE A STREET		LAKELAND, FL 33809		
Enter new mailing address, if applicable:		11110 MOORE ROAD		
(Mailing address MAY BE A POST OFFICE E	20 <b>Y</b> )	LAKELAND, FL33809		
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our records, <u>e</u>	nter the name of the new registered	
Name of New Registered Agent:	LEX C. BROW	N		
New Registered Office Address:	11110 MOORE	ROAD		
restricted office restricts.		Enter Florida street a	ddress	
	LAKELAND		, Florida 33809	
		City	Zip Code	
New Registered Agent's Signature, if changing R	egistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as registeeing filed to merely reflect a change in the recompany has been notified in writing of this company.	r and complete tered agent as p egistered office hange. LEX C.	performance of my dutie provided for in Chapter (	es, and I am familiar with and 505, F.S. Or, if this document is m that the limited liability	

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>Títle</u>	Name	Address	Type of Action
		·	\ \tag{\text{Add}}
			□Remove
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cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after s filed.	er the
ed	
sharon b. laird	
Signature of a member or authorized representative of a member	
SHARON B. LAIRD	

Filing Fee: \$25.00