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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	100 1000	5th Court 25 ited Liability Company	25, LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	PAL	Name of Person  Int Inc  Firm/Company	
	Delra	Address  4 Blach, FL  City/State and Zip Code  Lity/State and Zip Code	33444
	E-mail aldress: (	nna e palimienet	ification)
For further information co	incerning this matter, please ca		
G 10 Va Name of	nna Koo Person	at (561) 906 Area Code Daytir	nc Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 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)
Mailing Address		Street Address:	

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

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Northeast (Name of the Limited	6th (Liability Company Florida Limited L	Ourt 225  y as it now appears on our reliability Company)	LLC	
The Articles of Organization for this Limited Liab Florida document number	oility Company v	1		and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	<u>he limited liabi</u>	lity company here:		
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	ole:	ty Company." the designation  290 SE  Delvay B		٨
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	(same	above	<u>,                                     </u>
B. If amending the registered agent and/or reg agent and/or the new registered office address		ddress on our records, <u>e</u>	nter the nam	e of the new registered
Name of New Registered Agent: New Registered Office Address:		OUANNA K OUANNA K OUANNA Enter Florida street a BLACH	AU no	/
		City	r wiwa	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent. Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Addr	ress	Type of Action
<u>mgh</u>	Kathryn titzen	eld ford	2905E 2nd Avenue,	De 33444 DAdd
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. 11 41110	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff	ive date, if other than the date of filing:
he recor ord is fi	
Dated	September 15. 2023
	Signature of a member or authorized representative of a member