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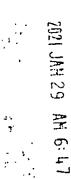
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

Division of Corporations		
SUBJECT: LOT 22, BLOCK 4	1972, SECTION 93 nited Liability Company	5, LLC
The enclosed Articles of Amendment and fee(s) are sub	bmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Mic#	AEL THORNBER Name of Person	
LOT 22,	BLOCK 4972 SE CZZ Firm/Company	10193,LLC
1605	MAIN STREET Address	 _
FORT MY	ERS BEACH FL, City/State and Zip Code	37931
Mul THORN	RERO ADL. COM (to be used for future annual report notifical	tion)
For further information concerning this matter, please of	call:	
MICHAE THORWSER Name of Person	at (239) \$26 Area Code Daytime Te	7426 elephone Number
Enclosed is a check for the 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: Registration Section	Street Address: Registration Section	nn

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

TO:

Registration Section

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

LOT 22, Block	4972, SECTION 93, LLC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed onO 3/09/2009 and assigned,
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability".	· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1605 MITTEL STREET M.T.
(Principal office address MUST BE A STREET ADDRESS)	FORT MYERS BEACH, FL. 3393
	44 Enlly LANE
	FORT MYERS BEACH, FL. 33931
Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BOX)	44 EMILY LANE
	-44 FMILY LANE FORT MYERS BEACH, FL. 33931
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 44	Enter Florida street address
FORT MY	ERS BEACH. Florida 3393/

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 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>Name</u>	Address	2021 JAN 29	Ari 6: 47 Type of Action	
				- DAdd	
				□Remove	
				□Change	
				□Add	
				□Remove	
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				□Remove	

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	2021 JAN 29 AM 6: 47
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fective date, if other than the date of filing:	ot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	he applicable statutory filing requirements, this date will not be listed as t
cument's effective date on the Department of State's	
ecord specifies a delayed effective date, but not an ef	Tective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	, ,
ned JANUARY 26.	2027.
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//h/\chi	
Signature of a member	er or authorized representative of a member
	EL THORUBER d or printed name of signee

Filing Fee: \$25.00