# L09000097734

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		,





400352851504

10/15/28--01015--016 \*\*25.00

(1:4:1)

O SIMMONS NOV 18 2020

#### **COVER LETTER**

•

**Registration Section Division of Corporations** 

Tallahassee, FL 32314

TO:

SUBJECT:	2a	Saam	Prop	Cortes I	I LLC	-
			Name of Lim	ited Liability Company	<b>;</b>	
The enclosed Ai	rticles of A	Amendment and f	ee(s) are sub	mitted for filing.		
Please return all	correspor	ndence concernin	g this matter	to the following:		
		Mork	Ch	Name of Person		
				Name of Person		
			2	P3 LLC Firm/Company		
		98	Speno	Address		
		West	- Par	r F	32	7/9
		Miche	et paladoess (	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	all con	<u>.                                    </u>
For further infor	mation co	ncerning this ma				,
Mork	CI	1sie+		at ( <u>32()</u>	689 6	441
	Name of	Person		Area Code	Daytime Telepl	none Number
Enclosed is a cha	eck for the	following amou	nt:			
줄 \$25.00 Filin	ig Fee	S30 00 Filin Certificate		☐ \$55,00 Filing Fee Certified Copy (additional copy is en		S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	<u> Address</u> :			Street A		
Registration Section Division of Corporations			Registration Section Division of Corporations			
	on of CC Box 6327	•			entre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zusson Proj	us ties	III LLC 1.	· · · · · · · · k: 19
(Name of the Lim	ited Liability Con (A Florida Limit	npany as it now appears on our ed Liability Company)	records.)
The Articles of Organization for this Limited I	Liability Compa		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
The new name must be distinguishable and contain the	words "Limited Li	ability Company." the designatio	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli <u>Principal office address MUST BE A STRE.</u>	cable:	1/4-	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		NA	
3. If amending the registered agent and/or the new registered office address.  Name of New Registered Agent:	ess here:		enter the name of the new registe
-			
New Registered Office Address:	<del>-</del>	Enter Florida street	address
			Florida
		City	, Florida 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

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>Title</u>	Name	Address (U. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Type of Action
MERM	Thomas Rasive Jr	228 Doventry Dr	iBAdd
		Debory FL 37713	□Remove
			□Change
			□Add
			□Remove
		•	□Change
			□Add
			Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Add
			□Remove
			☐Change

## D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

M.	y goal	TT	to	lost-	before	4: 13	
	ender	a)	the	sa me	title	- MGRI	η.
<u>II</u>	£ 14;	7/	not	possible	then	- MGRI both as	MGR
					(cn/ts		<del></del>
							<del></del> 
							_ <del>_</del>
			-				<del></del>
					,		_
(If an effective Note: If the	ate, if other than date is listed, the date date inserted in the effective date on t	e must be spenis block doe	eific and cannot be as not meet the a	e prior to date of filing of applicable statutory fi cords.	r more than 90 days	optional) after filing.) Pursuant to this date will not be	605.0207 (3 Xb) listed as the
maned in filled	October 1	Tective date. 2 ***7 2 2 0		tive time, at 12:01 a.n フ&	n. on the earlier o	f: (b) The 90th day a	after the
Dated 7.5		Mark	ne of a member o	r authorized representati	ive of a member		
-	Mo-K	(.i.	Typed or	MGK	<del> </del>		