11000072632

(Requ	estor's Name)	
(Addr	ess)	-
(Addre	ess)	
(City/s	State/Zip/Phone #	7)
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COVER LETTER

	, .
Name of Limited Liability Company	
ee(s) are submitted for filing.	
g this matter to the following:	
TULLEN, ESQUIRE Name of Person	
BIZZARRO, P.A. Firm/Company	
MERICIAL BLVD, PH-C Address	
ERDALE, FLORIDA 33308 City/State and Zip Code	
MULLENBIZZARRO.COM nail address: (to be used for future annual report notification)	<u></u>
tter, please call:	
at (954) 772-9100 Area Code Daytime Telephone	2 Number
nt:	
of Status Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Street Address: Registration Section	
	2
1	Address ERDALE, FLORIDA 33308 City/State and Zip Code MULLENBIZZARRO.COM mil address: (to be used for future annual report notification) ter, please call:

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 OCT 28 PM 3: 46

SECRETARY OF STATE

253 COMMERCIAL I	IJĻÇ	
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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on 6/22/2011	and assigned
Florida document number <u>L11000072632</u> .	 :	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
2808 Federal LLC The new name must be distinguishable and contain the words "Limited Lial		m 1 11 11 11 11 11 11 11 11 11 11 11 11
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
raning addition may be made of the many		
B. If amending the registered agent and/or registered office	address on our records, enter	the name of the new registe
ngent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	XX
		orida
	Сиу	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 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	Type of Action
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

lf an cf <u>Note:</u>	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
reco rd is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
المدينا	OCTOBER 25 , 2021 .
Dateu	_

JOSEPH P. MULLEN, LEGAL COUNSEL

Typed or printed name of signee