## L11000140463

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
	_
	_
Special Instructions to Filing Officer:	

Office Use Only



400375037254

10/15/21--01015--004 \*\*25.00

2021 OCT 15 PM 5: 11

## **COVER LETTER**

TO: Registration Division of C	Section Corporations
SUBJECT:	Seci Fractions 211 LLC  Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	Name of Person
	Firm/Company
	1008 Aprilo Beach Prid April 211
	Address  Add
	E-mail address: (to be used for future annual report notification)
For further information	or concerning this matter, please call:
D) ATXI Nam	CCKEV at (S10) 477 45 20 e of Person Area Code Daytime Telephone Number
Enclosed is a check fo	r the following amount:
∑i \$25,00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<u>Bal Har</u>	bour 211	LLC	
(Name of the Limit	(A Florida Limited I	ny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Li Florida document number <u>L 11000140 416</u> This amendment is submitted to amend the follo	<u>23</u> .	were filed on <u>Dece</u>	mber 14, 2011	and assigned
A. If amending name, enter the new name of	the limited liabi	ility company here:		
The new name must be distinguishable and contain the warmer new principal offices address, if application of the distinguishable and contain the warmer new principal office address MUST BE A STREE	able:		ation "LLC" or the abb	d Apt 211
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	1008 Apollo Apollo Bec	o Beach B'	lvd Apt211 33572
B. If amending the registered agent and/or reagent and/or the new registered office addres		address on our recor	ds, <u>enter the name</u>	
Name of New Registered Agent:	Diana	Coker	_	हें
New Registered Office Address:	1008 AC	Dallo Beach Enter Florida si	Blud treet address	
	Apollo	beach City	Florida	33572 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	Type of Action	
MGR_	Gregory F. Coker	10303 Marbella Bivd		
		Apollo Beach & FL 33572	Remove	
			□Change	
U.S		· · · · · · · · · · · · · · · · · · ·	,,d	
			□Remove	
		· · · ·	<u>5</u>	
			□ Add	
			□ Remove	
			Change	
		<u> </u>		
		. <u></u>	Add 55 C5	
		<del> </del>	Change	
		<del></del>	□ Add	
			□Remove	
			□Change	
			□ Add	
			□ Remove	
			🗆 Change	

2021 0CT 15 PK 5: 11  2621 0CT 15 PK 5: 11
CT 15 Pt 5:
5 p 5
S. 5. 7. S. S. 7.
55.
<u></u>
ling: (optional) and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605