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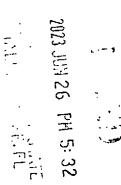
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c/ 3/9/2023

## **COVER LETTER**

TO:

Registration Section

Division of Corp	porations:	b 😕 🐠	• .
·>	00 05 7	2nd Aivenue:	Lic
SUBJECT:	Name of Lim	ited Liability Company	
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:	
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	Mark 1	n tord	
		Name of Person	
	ford to	mily limited	1 Partnership
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	235 NE	4th Avenue,	SUME 101
		Address	
	Dofward	Beach FL  City/State and Zip Code  4	331/83
	- Jerrug	City/State and Zip Code	3-70-
	ainlann	a Dalmi net	
	Æ-mail address: (	to be used for future annual report not	ification)
, For further information co	oncerning this matter, please c	all:	
			_
GIOUA	nna Koo	at (561) 243	0630
Name of	Person .	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	w following amount:		
			= 640 00 PW P
☐ \$25.00 Filing Fee	☐ S30.00 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	
Division of C		Division of Co	
P.O. Box 632	= -	The Centre of	•
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

290 SE Znd Albane, LLC

7022 PD 07 DP E.

imited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 10 Florida document number L12 000179= This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 Title Name **Address Type of Action** FORD, Mark 236 NE 4th Avenue 101 DAdd AMBB Delray Brach, & 33483 PRemove \_\_\_\_ □Change AMBR FORD family Limited 235 NE 4th Avenue, Svite 101 Anda
Partheghip. LLC Delray Beach, Fr 33483 Remove □ Change Remove □Change  $\square$ Add □Remove □ Change  $\square$ Add □Remove Change  $\square$ Add □Remove □ Change

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