## L14000059368

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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

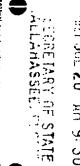
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SECRETARY OF STATE

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DEVELORS.

## **COVER LETTER**

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CHDIPCT		SPACES 980, LLC			
SUBJECT	;	Name of Lin	ited Liability Company		<del></del>
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	m all correspo	ondence concerning this matter	to the following:		
		Lora McConnell			
			Name of Person		-
		Cendyn Spaces 980, LLC			
			Firm/Company		
		980 N. Federal Highway,	Suite #110		
			Address		
		BOCA RATON, FL 3343	2		
			City/State and Zip Code		
		lmcconnell@dejouxholding			
For further	information c	n-man address: ( oncerning this matter, please c	to be used for future annual all:	report nonneattor	1)
Lora McCo	onnell			0-9058	
	Name o	f Person	at () Area Code	Daytime Telep	phone Number
Enclosed is	a check for th	ne following amount:			
□ <b>\$</b> 25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street A		
	egistration S ivision of C	orporations	——————————————————————————————————————	ation Section n of Corporat	ions
	O. Box 632	•		ntre of Tallah	

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

Cendyn Spaces 980, LLC (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 Company were filed on 04/05/2014 and assigned Florida document number L14000059358 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 980 Spaces LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrayiation, "LLC." N/A Same Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Same 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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the	7/13/2021		(optional)	
an effective date is listed, the date must lote: If the date inserted in this blo	be specific and cannot be prior to	date of filing or more than 9	) days after filing.) Pursua	ant to 605,0207 (
ocument's effective date on the De		ne statutory ming require	ments, this date will no	n oc nated as t
record specifies a delayed effective Lis filed.	date, but not an effective tim	e, at 12:01 a.m. on the ear	ther of: (b) The 90th	day after the
1.1.124	2021			
July 12th Bated		= -		
Por Mca	Tunkll Signature of a member or authori			

Filing Fee: \$25.00