## L14000 104955

(Requestor's Name)
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## **COVER LETTER**

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CHDIECT.	Dāytona W	est, LLC	1	
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	I Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Bradford J. Nutting		
			Name of Person	
			Firm/Company	
		161 Azure Mist Way		221 NOV -2 PH 4: 47
			Address	-2
		Daytona Beach, FL 32124		2 PM
		brad@daytonawest.com	City/State and Zip Code	
		<del>-</del> .	to be used for future annual report no	7.3
For further i	nformation c	oncerning this matter, please c	all:	
Bradford J.	Nutting		321 501-9250 at ( )	
	Name o	f Person		me Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 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)
	iling Addres gistration S		Street Address: Registration S	ection
	_	orporations	Division of C	
P.0	D. Box 632	7	The Centre of	Tallahassee
Ta	llahassee, I	FL 32314	2415 N. Moni	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Daytona West, ELC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our record a Limited Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability C	Company were filed on 07/01/2014	and assigned
Florida document number L14000104955	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	<b>7221 NO</b>
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		70
Principal office address MUST BE A STREET ADDR	RESS)	Fr
	<del></del>	5. 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	is .
		orida
	City	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>	<u>Name</u>	Address	Type of Action
AMBR	CFL Acquisitions, LLC	2637 E. ATLANTIC BLVD - STE. 26012	🗀 Add
		POMPANO BEACH, FL 33062	■Remove
			□Change
			□ □ Add    O
		34.	N □Remove
			—————————————————————————————————————
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ffective date, if other than effective date is listed, the lote: If the date inserted in ocument's effective date in the locument's effective date.	edate must be specific and in this block does not roon the Department of S	d cannot be prior to d neet the applicable state's records.	e statutory filing req	uirements. this date w	vill not be listed as
record specifies a delayed is filed.	l effective date, but not	an effective time.	, at 12:01 a.m. on th	e earlier of: (b) The	90th day after the
		2020			
ated		11	ed representative of a	regu	

Filing Fee: \$25.00