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## **COVER LETTER**

Division of Cor	porations		
SUBJECT: 2		CIAC Drive, Lited Liability Company	LC
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Adrier	nne McGeher	<u>e</u> ;
	2 Orle	ne Rd, LLC Firm/Company	
			,
	624 A Si	inset Bouleva	rd West
	fort Walt	on Beach, FL 3  City/State and Zip Code	2547
	adrienne E-mail address: ()	City/State and Zip Code  mcgehee a  to be used to future annual report notifi	Imail. com
For further information co	oncerning this matter, please ca	all:	
Adrienn	e McGehee	at (850) 685- Area Code Daytime	7758 Telephone Number
Enclosed is a check for th	e 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)
			.n., pp. 170

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

213 Green b	ciar Drive	e, LLC	
(Name of the Limited Liability (A Florida	Company as it now appears or Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co		123/2014 an	nd assigned
Plorida document number 21970001197	<u>' ,</u> 1		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:	:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the desig	gnation "LLC" or the abbreviation	où "L.L.C."
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDR	debress MUST BE A STREET ADDRESS)		
		. <u> </u>	
			, ,
Enter new mailing address, if applicable:			~.,
(Mailing address MAY BE A POST OFFICE BOX)			ð .
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ur records, <u>enter the n</u>	ame of the n
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, FloridaZip	
	City	Zip	Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a	nd agree to act in this can	acity I further agree to	comply with the

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Membe

<u>Title</u>	Name	Address	Type of Action
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Page 3 of 3

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