LIH 0000159599

(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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01/27/22--01011--019 **25.00

T. MATTHEWS

FEB - 2 2022

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	Condor-	1 TT LLC ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Carl	n Neuma	M
	S.I	Meima Name of Person Der Law G	\sim
		Firm/Company	
	32	4 N Dale M Address # 35 Wya FL	Nabry Hur
	Ta	City State and Zip Code	33609
		City/State and Zip Code	
_	E-mail address: (t	to be used for future annual report not	ification)
For further information conce	erning this matter, please ea	ril:	
	٦ ٠	M7	
Larlyn (leman	at(_813)_508_	2715
Name of Per	rson	at (S13) 508 Area Code Daytir	ne Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$3.5.00 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)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

lander	777 LLC
(<u>Name of the Elmited Liab</u> (A Flori	ility Company as it now appears on our records.) da Linited Liability Company)
The Articles of Organization for this Limited Liability	
Florida document number L1400015959	7 .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADE	DRESS)
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new regis</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u></u>	, Florida
	City Zip Code

w 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	Julia A Thornton	924 Redmond Hill Rd. Swan	Sea
	(11211)		□Remove
		.	□Change
			□Add
			□Remove
			□Change
			□Add
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an effective lote: If the	date is listed, if a date inserted	than the date the date must be specified in this block do to the Department	ecific and ean ses not meet	mot lie prior to dat the applicable s	of filing or more statutory filing r	(opt than 90 days after requirements, th	r filing.) Pursuant	to 605.020 be listed a
record spe is filed.	cifies a delaye	ed effective date,	but not an	effective time, a	t 12:01 a.m. on	the earlier of: (b) The 90th da	y after the
ıted	1/20		·	2022		1	<u></u>	
	1						-	
-	- 	Signat	ure of a mem	ber or authorized	representative he	a member		

Filing Fee: \$25.00