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7/9/21

COVER LETTER

TO: Registration S Division of Co			
eud hegye.	- 151a K	endali illa	
SUBJECT:	<u> </u>	nited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Mac	k Miller	
		Name of Person	
		Firm/Company	
	5218	W Neptune Wo	G y
	Ta,	npg FL 33	609
	E-mail address:	nem a bay way	ication)
For further information	concerning this matter, please		
Chri	stine worms	at $(8/3)$ Area Code Daytime	9-6582
Name	of Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	· ·	<u>Street Address:</u> Registration Sec	ction

Division of Corporations
P.O. Box 6327
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

	ndall LLC		
(Name of the Limited Liability Cor (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)		
The Articles of Organization for this Limited Liability Comparida document number \(\begin{align*} \begin{align*} align		and assig	ned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here:		
The new name must be distinguishable and contain the words "Limited L	nability Company," the designation "LLC" or the ab	breviation "L.L.	C."
Enter new principal offices address, if applicable:	·	<u> </u>	
Principal office address MUST BE A STREET ADDRESS	2	<u></u>	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)			
3. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, <u>enter the nam</u>	e of the new i	registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		-
	, Florida	المديد	`.
	FIGURE		

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

Title	<u>Name</u>	Address	Type of Action
MGR	Steven Zaritsky	PO Box 18384	X\dd
	·	Tampa, FL 336	79 □Remove
			□ Change
			□Remove
			□Change
			□Add
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effective date is listed, e: If the date inserte	r than the date of the date must be specify and in this block does to on the Departmen	ic and cannot be prior not meet the applica	able statutory filing	(option: ore than 90 days after fili g requirements, this da	ng.) Pursuant to 605.020
					دب
cord specifies a delay	yed effective date, bu	it not an effective ti	me, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after th
s tiled.					是 }
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