115000039251

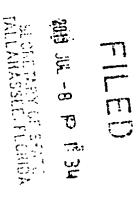
(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500331623195

07/08/19--01017--013 ++01.00



2000

COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:	_	ood Ave South, LLC		
SODJECT.		Name of Limi	ited Liability Company	
The enclosed	l Articles of z	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		Don Biroschik		
			Name of Person	
		Don Biroschik CPA, P.A.		
			Firm/Company	
		35 Knight Boxx Road Suite	e 4	
		 	Address	
		Orange Park, FL 32065		
		Don@dbcpa.us	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For further in	iformation co	oncerning this matter, please ca	all:	
Don Birosch	ik		904 276-2262 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

Registration Section

TO:

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 TO ARTICLES OF ORGANIZATION OF

FILED

243 Edgewood Ave South, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

अधि अस - ८ कि वै अ

The Articles of Organization for this Limited Lia	ability Company were filed on 03/03/2015	SWORF TARY STURED TO TALLAHASSEE, TUVKIO
Florida document number L15000039251		
This amendment is submitted to amend the following	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered off		rds, <u>enter the name of the no</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	irace
		Florida 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 Changing Registered Agent, Signature of New Registered Agent

If ar ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being acor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Larry G Sparks	P.O. Box 2461 Jacksonville, FL 32203	Add
			Remove
			Change
			□ Remove
			□ Change
			□ Add
			□ Remove
			Change
			Add
			Remove
		<u> </u>	Change
			Add
		Rem	Remove
			☐ Change
			Add
			□ Remove
			Change

Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Jany 7 Signature of a member or authorized representative of a member
	f., 7 / 1/
	fury t organic
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00