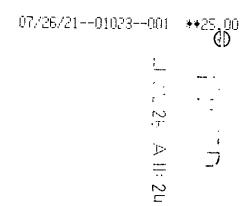
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(Fi	Requestor's Name)	<u></u>
(A	ddress)	
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(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	dusiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	5. C <sub>-</sub>

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## **COVER LETTER**

Tallahassee, FL 32314

	tegistration Sec Division of Corp				
SUB ICC		TS DELAND LLC			
SUBJECT	ı; <u> </u>	Name of Limi	ited Liability Company		
The enclos	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please retu	ırn all correspoi	ndence concerning this matter	to the following:		
		JAMES M KNIGHT, JR.			
			Name of Person	•	
		CITY LIMITS DELAND I	LLC		
Firm/Company		-			
	2620 N. WOODLAND BLVD.				
			Address	-	
		DELAND, FLORIDA 327	20		
		Citylinits to	Crty/State and Zip Code  Proum (D) a Mac (Com)  to be used for fitture andual report notification)	ر; -	)
For further	r information co	oncerning this matter, please ea	all:		
JAMES N	1. KNIGHT, JR		ar (386 ) 289-7011		
	Name of	Person	at (386) 289 - 701 Area Code Daytime Telephone Numbe	~ n	
Enclosed i	s a check for th	e following amount:		211	
■ \$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &	
R D	Tailing Address Registration S Division of Co	ection orporations	Street Address: 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

CITY LIMITS DELAND LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	<del></del>
• • • •		and assigned
lorida document number L15000053326	<u>_</u> .	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
he new name must be distinguishable and contain the words "Limi	ited 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 ADDR	(ESS)	
Enter new mailing address, if applicable:		ΔÜ
Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	r -
3. If amending the registered agent and/or registered	office address on our records, enter the	name of the new regis
gent and/or the new registered office address here:	were the same and the same the	> ·:
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	: 2 <sub>€</sub>
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	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>	Name	Address	Type of Action
AMBR	PAULA A. OUTZEN	PO BOX 1116	🗆 Add
		DELEON SPRINGS, FLORIDA 32130	□ Remove
			🗖 Add
			□Remove
			□ Change
			□Add
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in effective date is listed, to ote: If the date inserted icument's effective date	d in this block does not n e on the Department of S	cannot be prior to date of film neet the applicable statutory tate's records.	( <b>optiona</b> gor more than 90 days after filir y filing requirements, this da	g.) Pursuant to 605.0207 te will not be listed as
ecord specifies a delay- is filed.	ed effective date, but not	an effective time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
		2021		
ned	· //(	· · · · · · · · · · · · · · · · · · ·		
II II V 15	Signature of a n	nember or authorized represer	ntative of a member	

Filing Fee: \$25.00