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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to f	Filing Officer:	

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:		ean Park, LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Bradford K. Strayer			
		Name of Person			
		Epicurean Park, LLC			
		Firm/Company			
		4447 Broadway Street			
		Address			
		Lake Worth, Florida 33461			
		City/State and Zip Code			
	E-mail address: (to be used for future annual report not	lification)		
For further information	concerning this matter, please c	·	,		
Name	of Person	at () Area Code Daytin	ne 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
P.O. Box 63	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	rporations		
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

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

ampany as it now appears on our re- nited Liability Company)	cords.)
pany were filed on MARCH 31,	and assigned
liability company here:	
Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
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ñce address on our records, <u>en</u>	ter the name of the new registere
Enter Florida street ad	ldress
Ditt i Tortte sire et de	
	. Florida
	Liability Company here: Liability Company," the designation " S) Tice address on our records, en

EDICHDE LA DADICALA

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, 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>	<u>Address</u>	Type of Action
Sec	DAVID BERETSKY	4447 Broadway Street	□Add
		Lake Worth, FL 33461	Remove
			□Change
			2024 FEB
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			□Remove
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