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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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THE PLED

COVER LETTER

TO: Registration Section Division of Corporations

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for tiling.

Please return all correspondence concerning this matter to the following:

Jill Patton
Name of Person
SK1000 UC
Firm/Company
1713 Grantham Drive
Address
Wellington Florida 33414
City/State and Zip Code
E-mail address: (to be used for future annual report for future annual

For further information concerning this matter, please call:

Name of Person Area Code Daytime 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

	AMENDMENT O
-	ORGANIZATION
C)F
5K10001	LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000203958</u>	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u> Stove Key Cabital	LIC
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	12161 Ken Adams Way
(Principal office address MUST BE A STREET ADDRESS)	Suite 110x
	Wellington FL 33414
Enter new mailing address, if applicable:	1713 Grantham Drive
(Mailing address MAY BE A POST OFFICE BOX)	Wellington FL 33444
B. If amending the registered agent and/or registered office a agent and/or the new registered office address busice	address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	THE 5
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jonathan Bean	1713 Grantham Drive Wellington FE 32414	Xdd
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## D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: ______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the •

Dated November 12,	. 2020	
Dat		
Signatur	re of a member or authorized representative of a member	-
Jill Hatt	m Turned or minimud	

Typed or printed name of signee

Filing Fee: \$25.00