## L15000211417

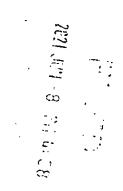
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1/8/21

## **COVER LETTER**

Division of Cor					
SUBJECT:	250 43	3 Rd 5+. L	LC	•	
<del></del>	Name of Lim	ited Liability Company		<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Ma	rie Floo	<u>d</u>	<u> </u>	
	Marie	+Steve Firm/Company	Flood	LLC	2021
	PO Box	510293 Address		· · ·	¥ × × × × × × × × × × × × × × × × × × ×
	Key Co	City/Suite and Zip Code  to be used for fixture annua	wimai	33051 1.com	78 4-38
For further information co	oncerning this matter, please c	all:	•	•	
Marie F Name of	lood f Person	at (305) Area Code	394-3 Daytime Telep	9933 phone Number	—
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is ex		\$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
Mailing Address Registration S	Section		Address: ration Section		
Division of C	amantiana	Dinini	C		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

250 43 Rd 54.	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	npears on our records.) sany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>1500211417</u> .	on $\frac{12\sqrt{32/5}}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)	
	- 100 - 10
Enter new mailing address, if applicable:	···
(Mailing address MAY BE A POST OFFICE BOX)	<del>-</del>
	<del></del>
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, <u>enter the name of the new registere</u> c
Name of New Registered Agent:	
New Registered Office Address:	
Enu	er Florida street address
	, Florida
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	Therese S. Flood	4901 Shoreview Cf.	□Add
		4901 Shoreview Ct. Port Richey, FL 346	Remove
			Change
			□Add
		<u> </u>	Remove
			— □Change □ □Add
			□Remove
			□Change
			□Add
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing o  te: If the date inserted in this block does not meet the applicable statutory fi  ument's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0 iling requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective time, at 12:01 a.r s filed.	m. on the earlier of: (b) The 90th day after
ed	
	)

D. D. 60.5.00