## L16 COOCO 4062

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## COVER LETTER

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			v			
SUBJECT:	:					
Division of Corporations						
The enclosed	Articles of z	Amendment and fee(s) are sub	mitted for filing.			
			-			
		Douglas M. DeRosa				
	Division of Corporations    1302 North 21st Street, LLC	Name of Person				
			Firm/Company	<del></del>		
		3143 S. Indian River Drive	:			
			Address	<del></del>		
		Fort Pierce, FL 34982				
		• •		iffication)		
For further in	formation ec					
_			at ()			
	Name of	Person	Area Code Daytin	ne Telephone Number		
Enclosed is a	check for th	e following amount:				
≅ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy		
			<u>Street Address:</u> Registration Sc	ection		
		Division of Corporations				
P.O. Box 6327		The Centre of	Tallahassee			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	v Company as it now appears on our records.)	<del></del>
(A Florida	Limited Liability Company)	
lorida document number L16000004062	<b>-</b> -∙	
This amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Hailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address		
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" o	
inter new principal offices address, if applicable:		2026
Principal office address MUST BE A STREET ADDR.	<u> </u>	
		<u> </u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	•
gent and/or the new registered office address here:	office address on our records, enter th	ic name of the new registe
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida streat address	
	rinei vuoraai sireet aaaress	
	, Flor	idaZip Code
	City	zip Coae

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 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
	Kaitlyn Ann DeRosa	3143 S. Indian River Drive	
		Fort Pierce, FL 34982	□Remove
			□Change
			□Add
			☐Remove
			□Change □ □Add □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
		-	ÉŘemove
			□Change
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		<del></del>	□Remove
			Change
			□Add
			□Remove
			□Change

	Following amendment, Douglas M. DeRosa and Kaitlyn Ann DeRosa shall serve as Co-Managers		
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ffee	tive date, if other than the date of filing: (optional)		
fan e	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursi		
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a nent's effective date on the Department of State's records.	iot be lis	sied as
record is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th iled.	i day afi	er the
Dated	October 27 . 2020.		

Filing Fee: \$25.00

Typed or printed name of signee