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COVER LETTER

TO: Registratio Division of	n Section Corporations			
613 MA SUBJECT:	ARSHALL STREET, LLC			
	Name of	Limited Liability Company		
The enclosed Articles	of Amendment and fee(s) are s	submitted for filing		
	spondence concerning this mat			
	GILBERT A PRINCIPE	3		
		Name of Person		-
	PRINCIPE HOLDINGS	LLC		
		Firm/Company		-
	2461 JENNIFER HOPE			
		Address		(E)
	LONGWOOD, FL 32779			200 TEST
		<u> </u>		20
	BOGIEGPFE@GMAIL.C	City/State and Zip Code OM		• •
	E-mail address:	(to be used for future annual report not	itication)	ر
For further information	concerning this matter, please of	call:		: LO
GILBERT A PRINCIPI	3	407 921-8728		'
Name o	of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section of Corp Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Illahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

613 MARSHALL STREET, LLC (Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	un our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{03/3}{1}$ Florida document number $\frac{116000059093}{1}$	3/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>·e</u> :
	~
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
	<u> </u>
Trincipul office unureas 1109 t v = 110	<u>-</u>
	2
	<u></u>
Enter new mailing address, if applicable:	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	ecords, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Flor	ida street address
	, Florida

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GILBERT A PRINCIPE	2461 JENNIFER HOPE BOULEVARD	□Add
<u>_</u>		LONGWOOD, FL 32779	□Remove
			= Change
MGR	GILBERT A PRINCIPE REVOCA	2461 JENNIFER HOPE BOULEVARD	
	REVOCABLE TRUST	LONGWOOD, FL 32779	Remove
			☐ Change
			''
			□Remove
			□Change
			□Remove
			Change
			□Remove
			□ Change
			□Add
			□Remove
			Change

NOT SHOW COMPLETE NAME WHEN PRINTING O	UT
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prio te: If the date inserted in this block does not meet the applicament's effective date on the Department of State's records	(optional) r to date of filing or more than 90 days after filing.) Pursuant to 605.0 cable statutory filing requirements, this date will not be listed in the case of the case
secord specifies a delayed effective date, but not an effective is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ted DECEMBER 12 2022	
Gilter Nun	horized representative of a member

Filing Fee: \$25.00