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11/18/20



COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations					
SUBJECT:	2326	McCLELLA	N, LLC		
		Name of Limi	ted Liability Company		
The enclosed Ar	ticles of Am	endment and fee(s) are subr	nitted for filing.		
Please return all	corresponde	nce concerning this matter t	o the following:		
		ROBERT N	Name of Person		
			EUAN, LLC Firm/Company		
			Address		
		BRADENT.	SN FL 34207 City/State and Zip Code		
	-		O & MAIL . COM o be used for future annual report not		
For further infor	mation conc	erning this matter, please ca	Al:		
R	OBERT Name of Per	NESBNT	at (ZZY) 456 - Area Code Daytin	3 4 6 6 ne Telephone Number	
Enclosed is a ch	eck for the fo	ollowing amount:			
\$25.00 Filin	ng Fec (☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	g Address: tration Sec	tion	<u>Street Address:</u> Registration Se	ection	
	on of Corp			Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2326 Mc CLELLAN, LLC.	ara de la companya de
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on 4 Florida document number 1600067160	5
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liability Company." the des Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our recagent and/or the new registered office address here:	ords, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address: Enter Florid	a 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 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 be or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
MGR	SHEILD VINSOR)	22275 PAMHER LOOP	□Add
		BRADENTUN FL. 34202	Remove
		7971 MATERA COURT BRADENTON, F.L. 34202	□Change
MGR	ROBERT NESBIT	7971 MATERA COURT	Z Add
		BRADENTON, FL. 34202	Remove
			□Change
			∴ Add
			□ Remove
			Change
			🗆 Add
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			□Remove
			□ Change

Effective date, if other than the date of filing: (aptional) If an effective date, if other than the date of filing: (aptional) 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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The effective date is a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distilled. Dated 10-10 2020 Signature of a member or authorized representative of a member		
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		ROBERT NESB (T

Filing Fee: \$25.00