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COVER LETTER

SUBJECT: <u>0</u>	103 E. 113th Name of Limi	Avenue Properti	es, uc
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
	Jonathan Capestany		
		. •	
		Name of Person	
	9816 Island Harbor Dr	Firm/Company	
	Port Richey, FL 34668	Address	
	angela@amrlawfirm.com	City/State and Zip Code	
	E-mail address: (i	to be used for future annual report notif	cation)
For further information of	concerning this matter, please ca	all:	
Angela Reimer		813 475-6067	
Name c	f Person	at () Area Code Daytime	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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

TO:

Registration Section Division of Corporations

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		<u>(s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*} \L \ \(\lambda \) \(were filed on 4 191	4 and assigned
This amendment is submitted to amend the following:		
amendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: w name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office address on our records. enter the name of the new ered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida Ty Code		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Finter new principal offices address, if applicable:	9816 Island Harbor Dr	
	Port Richey, FL 34668	
		2019
Enter new mailing address, if applicable:	9816 Island Harbor Dr	100
(Mailing address MAY BE A POST OFFICE BOX)	Port Richey, FL 34668	
		L. E.
B. If amending the registered agent and/or registered of	ffice address on our record:	s. enter the name of the nev
registered agent and/of the new registered office address ner	<u>c</u> .	
Name of New Registered Agent:		
New Registered Office Address		
New Acquisition Office Address.	Enter Florida street addres	S
	, FI	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	
provisions of all statutes relative to the proper and complete	performance of my duties, ar provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
	······································		
			□ Remove
			Change
			☐ Remove
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			☐ Change

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an effe <u>lote:</u>	ce date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ated _	Detaber 8 . 2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00