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	(Requestor's Name)	
	(Address)	
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<u> </u>	(City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	-
Special Instructions to	Filing Officer:	
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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

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COVER LETTER

TO: Registration Division of C			
	Bend Retail, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	DAMIAN C. TAYLOR, I	ESQ.	
		Name of Person	-
	COLEMAN, HAZZARD.	, TAYLOR,KLAUS, DOUPÉ & DIA	AZ, P.A.
		Firm/Company	<u>_</u>
	4099 TAMIAMI TRAIL I	N., SUITE 201	
		Address	
	NAPLES, FL 34103		
	<u> </u>	City/State and Zip Code	
	DAMIAN@CHTLEGAL.C		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
DAMIAN C. TAYLO	R, ESQ.	239 298-5200 at ()	
Name	e of Person		: Telephone Number
Enclosed is a check for	the 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 Addr Registration	Section	Street Address: Registration Sec	
Division of P.O. Box 63	Corporations	Division of Corp The Centre of Ta	
Tallahassee			Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2022 COT 20 11 9: 22

Lincoln Bend Retail, LLC			•	
(Name of the Lin	nited Liability Compa (A Florida Limited	nny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Florida document numberL16000097687	Liability Company	were filed on 5/20/2016	and assigned	
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		4622 MAPLE AVE		
Principal office address MUST BE A STRE		SUITE 200		
		DALLAS, TX 75219		
Enter new mailing address, if applicable:		4622 MAPLE AVE		
Mailing address MAY BE A POST OFFICE	E BOX;	SUITE 200		
	7			
B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	address on our records, g	enter the name of the new registers	
Name of New Registered Agent:				
New Registered Office Address:	101 E KENNEI	DY BLVD, SUITE 2700 Enter Florida street of	ridress	
	TAMPA	Appropriate Control of Control	22500	
		City	_, Florida ³³⁶⁰² 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

Robert 6. Stern

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>	Address	Type of Action
MGR	DONALD L. SILVERMAN	4622 MAPLE AVE	
		SUITE 200	□Remove
		DAI.LAS, TX 75219	Change
MGR	RAINER N. FILTHAUT	3838 TAMIAMI TRAIL N.	
		SUITE 416	
		NAPLES, FL 34103	□Change
MGR	FIB TEXAS CO.	14801 QUORUM DR.	
		SUITE 180	
		DALLAS, TX 75254	Change
			□Add
			□Change
			_ □Remove
			☐ Change
- •			
			□Remove
			☐ Change

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Filing Fee: \$25.00