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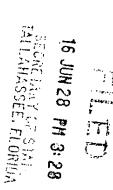
(Requestor's Name)
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: //	130 S. Orlando	Ave, LLC	
	Name of Limi	ned Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Julie	Cal cagno Name of Person	
	Trust	nent Roalty Service Firm/Company	ca elac
	401 0	S. AHANTIC Ave	
	Cocaa B	each, F2 32931	<u>, </u>
	H-mail address: (t	each, F2 3993/ City/State and Zip Code Larnham & Gma o be used for future annual report notifie	il-Come cation)
For further information	concerning this matter, please ca		
Julie	Calcagno	at(305) 572 Area Code Daytime	8464
Name	of Person	Area Code Daytime	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)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

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**

1930 S. Orlando Ave		
(<u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on <u>June 2020/6</u> and assigne	ed
Florida document number <u>L 16000 / 18540</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C.	"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	
	- maj	
Enter new mailing address, if applicable:		÷
Mailing address MAY BE A POST OFFICE BOX)	SSE 6	1 42 *
		1
	office address on our records, enter the name of t	م عمر
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because in the new registered office address because it is a second to the new registered of the new registered of the new registered of the new registered agent and/or the new registered of the new registered agent and/or the new registered of the new registered agent and/or the new registered of the new registered agent and/or the new registered of the new registered agent and/or the new registered of the new reg	l office address on our records, <u>enter∈the name of t</u> aere:	the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	

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 A or removed fr	Authorized Person(s) authorized to man om our records:	age, enter the title, name, and address of each	person being added
MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	Katherine M. Grenher	401 S. Atlantic Ave	🗅 Add
		Cocoa Boach, FL 32431	_CAREMOVE (P)
			Dehange (MGR)
VP	JoAnn M Famhan	9 Willow Green Dr	Add
		Cocoa Beach, FZ 32931	(VP)
			Change (MCR)
5_	Charks G Grentner	401 S. Atlantic Ave	
		Cocoa Beach, FZ 32931	_Exemove (S)
			_Thange (MGR)
I	Donald N. Farnham	9 Willow Green DR	□ Add
	, ',	Cocaa Beach, FZ 32431	_DRemove (T)
		Cocaa Beach, FZ 32431	Prange (MC-R)
		スタ SS ST	Accided
			Qeemove
			. No . Sco _□ Change
***************************************			_□ Add
			_□ Remove

_

Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	Original Lie was filed in correctly with
	Original LC was fled in correctly with P, VP, S, T as afficers
_	Need to charge to MGR for each authorized Person
	They will be member-naraged
_	
-	Fig. 3
_	SST CO
_	
(If an effe	ve date, if other than the date of filing: (optional) extive 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 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	June 27, 2017
Ŋ.	Signature of a member or authorized representative of a member JoAnn Farn ham
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00