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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	SIDE 1769, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	_	
	COUTTENYE, ELENA		
		Name of Person	-
			22 22
		Firm/Company	Aug
	2810 Polo Island Dr.		22 AUG 30
	_	Address	AM 10:
	Unit C101		22 AUG 30 AM 10: 25
	· - ·	City/State and Zip Code	
	WELLINGTON, FL 33414	to be used for future annual report notif	(Section)
For further information of	concerning this matter, please c	·	ication)
	- ,		
COUTTENYE, ELENA		561 777-4123	
Name c	of Person	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		Street Address: Registration Sec	tion
Division of C	Corporations	Division of Corp	porations
P.O. Box 632	!/	The Centre of Ta	allahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARBORSIDE 1769, LLC			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) oility Company)	_	
The Articles of Organization for this Limited Liability Company we	ere filed on	and assi	gned
Florida document number L16000132841			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	oreviation "L.I.	C."
Enter new principal offices address, if applicable:	<u> </u>	<u>N</u>	
Principal office address MUST BE A STREET ADDRESS)	 	- 2	<u> </u>
-			25 25
		30	01.5
Enter new mailing address, if applicable:		<u> </u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		0.0	<u> </u>
		2	
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent: New Registered Office Address:		of the new	registe
	Enter Florida 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Address</u>	Type of Action
MBR		EMS INVESTMENTS OF FLORIDA LLC	□Add
		2810 Polo Island Dr	□Remove
		Unit C101 WELLINGTON, FL 33414	■Change
			🗆 Add
			Remove 22
			2 Also 30 gAH
			□ Add Single Control
			□Change
	··		□ Add
			□Remove
			□ Change
			□Add
			□Remove
		·	□ Change
			□Add
			□Remove
			Channa

	hould be EMS INVEST	MENTS OF FL	ORIDA LLC		
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fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depa	e specific and cannot be price does not meet the app	licable statutory	or more than 90 da filing requiremen	(optional) ys after filing.) Pursi nts, this date will r	uant to 605,020 not be listed a
current servedive date on the Depa	siment of State 3 record	us.			
ecord specifies a delayed effective d is filed.	ate, but not an effective	e time, at 12:01 a	a.m. on the earlie	r of: (b) The 90th	n day after the
August 26	2022				
ted					

Filing Fee: \$25.00