L17000074128

| (Re | equestor's Name) | |
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| (Ac | ldress) | |
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| (Ci | ty/State/Zip/Phone | |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration So Division of Con | | | | |
|--|---|---|--|--|
| 5406 Holla SUBJECT: | and, LLC | | | |
| 30 00E C1. | Name of Lin | nited Liability Company | · · · · · · · · · · · · · · · · · · · | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Lauren Maxwell | | | |
| | | Name of Person | | |
| | | | | |
| | | Firm/Company | | |
| | 9130 Galleria Court, Ste 101 | | | |
| | | Address | | |
| | Naples, FL 34109 | | | |
| | | City/State and Zip Code | | |
| | lmax4444@gmail.com | | | |
| | E-mail address: (| to be used for future annual report notific | cation) | |
| For further information of | concerning this matter, please c | all: | 75 3 | |
| Lauren Maxwell | | 239 216-4444 at () | ECCE F T | |
| Name o | of Person | | 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) | 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

| 5406 Holland, LLC | | |
|---|--|-------------------------|
| (<u>Name of the Limited Liabi</u> (A Florid | lity Company as it now appears on our records.) da Limited Liability Company) | |
| The Articles of Organization for this Limited Liability | Company were filed on March 31, 2017 | and assigned |
| Florida document number L17000074128 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| 5246 Holland, LLC | | |
| he new name must be distinguishable and contain the words "Li | mited Liability Company," the designation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| • • • | A DECCO | |
| <u>Principal office address MUST BE A STREET ADD</u> | KESS) | |
| | | |
| | | |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| 3. If amending the registered agent and/or regi | istored office address on our records ent | er the name of the ne |
| egistered agent and/or the new registered <u>office ad</u> | · · · · · · · · · · · · · · · · · · · | El Life hand of the ne |
| | | 福美士 |
| CN D / LA | | 一銭はて下 |
| Name of New Registered Agent: | | - 82 - 11 |
| New Registered Office Address: | | 原图 呈 0 |
| | Enter Florida street address | 64 · |
| | . Florida | 왕류 드 |
| | 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 being added or removed from our records:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
| | | | ☐ Add |
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Page 3 of 3

Filing Fee: \$25.00