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| (Requestor's Name)                      |
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| (Address)                               |
| (Address)                               |
| (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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Office Use Only



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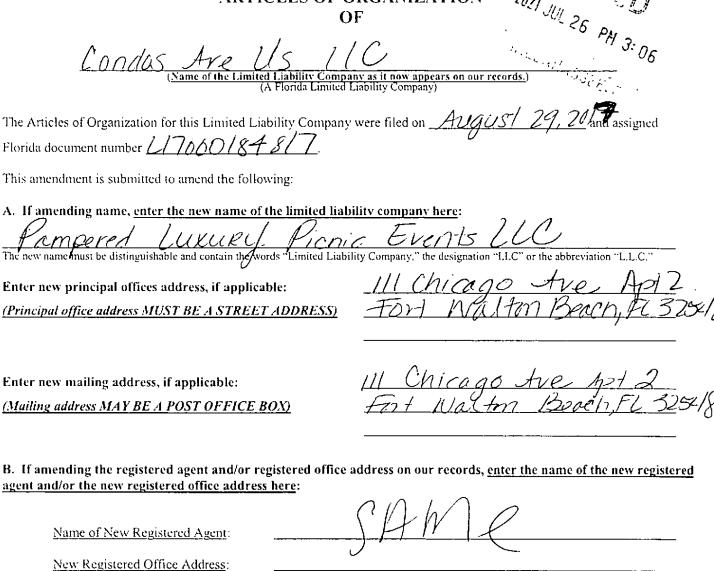
## **COVER LETTER** ·

| Division of Corporations  |               |
|---|---------------|
| BJECT: CONDOS ARE US US US Name of Limited Liability Company  |               |
|   |               |
| enclosed Articles of Amendment and fee(s) are submitted for filing.   |               |
| ase return all correspondence concerning this matter to the following:  |               |
| Tina Lem/   |               |
| Same of Person  |               |
|   |               |
| Firm/Company  |               |
| 2111 Chicago Ave Apt 2  |               |
| Fort Walton Beach, FZ 3955/8 City/State and Zip Code  |               |
| Londas aveus / Com E-mail address: (to be used for future annual report notification)   |               |
| further information concerning this matter, please call:  |               |
| Tina Bern at (205) 760.0324  Name of Person Area Code Daytime Telephone Number  | <del></del>   |
|   |               |
| closed is a check for the following amount:   |               |
| \$25.00 Filing Fee \$\times \$30.00 Filing Fee \$\times \$\times \$55.00 Filing Fee \$\times \$\times \$60.00 Filing Fee \$\times \$\times \$\times \$60.00 Filing Fee \$\times \$\ti | Status &<br>y |
|   |               |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## 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.

Enter Florida street address

. Florida

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 |
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| Effective date, if other that an effective date is listed, the described. If the date inserted in locument's effective date on | ate must be specific and<br>this block does not m | cannot be prior to da<br>sect the applicable | e of filing or more than 9 | (optional<br>days after filin<br>ments, this dat | g.) Pursuant to 605.020 |
| record specifies a delayed e<br>I is filed.  | ffective date, but not                            | an effective time, a                         | t 12:01 a.m. on the ear    | rlier of: (b) T                                  | he 90th day after the   |
| ated July S  | <u>b</u> .  | 2021   |                            |  |                         |
| Sino   | Signature of a n                                  | nember or huthorized                         | representative of a mem    | ber  |                         |
|  |   |  |                            |  |                         |

Filing Fee: \$25.00