117000207515

(Red	uestor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)	·
(Doc	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	Filing Officer:	
}		







500305209495

11/07/17--01008--024 **25.00

HOY OF AMARRIE

COVER LETTER

Division of Corporations
SUBJECT: 3757 Wychenere, LCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lisa Shulte Name of Person
Corporate Direct, Inc
2248 Meridian Blvd Ste H
Minden, Nu 89423
City/State and Zip Code Shul-ts @ Corporate direct. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (775) 284 - 4167 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

3757 Wychemere, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our reco i Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on 10/9/2017	and assigned
Florida document number <u>L17000207515</u>	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
1206 Beechdale, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR		1 85
Trincipal office address (1103) BEASTREET ADDR	<u> </u>	
		C) ;
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u>.</u> •
3. If amending the registered agent and/or regis		rds, enter the name of the
registered agent and/or the new registered office add	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			Add
			☐ Remove
			Change
	•		
			☐ Remove
			Change
			→ Add
			Remove
			□ Add
			□ Remove
			☐ Change

· · · · · ·	-	
		
		
<u></u>		
	adalalala	
		
		.
ote: If the date inserted in this ocument's effective date on the	must be specific and cannot be prior to date of filing or more than 90 d is block does not meet the applicable statutory filing requirement of State's records. Expedience of the prior to date of filing or more than 90 d is block does not meet the applicable statutory filing requirement of Department of State's records.	ents, this date will not be listed as
10/26	2017	
	sa butt	288
	Signature of a member or authorized representative of a membe	
Lisa Shults	s, Authorized Represenative	
	Typed or printed name of signee	
		?:
	Page 3 of 3	. —

Filing Fee: \$25.00