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SECRETARY OF STATE

inc , w.

COVER LETTER

TO: Registration : Division of C			
SUBJECT: A	CCESS 25 Inve Name of Lim	stments LLC ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Name of Person	
	Access 2	5 Investments Firm/Company	LLC_
	2590 15	+ Avenue A	
	Fernandina	Beach: FL, 3263 City/State and Zip Code	<u> </u>
	ACCESS S S S E-mail address: (i	nvest ments a grail.	ication)
For further information	concerning this matter, please ea	all:	
James Ber	of Person	at (9t 1) 466 - Daytime	959 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)	☐ \$60.00 Filing Fee, 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

Access 25 Investmen	ats LLC FILED
Access 25 Investment (Name of the Limited Liability Com	pany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 7066 127978</u> .	11 / - / -
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the nere</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	#YL*.3

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being ad or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Valenie Franklin Smith	2590 1st Avenue A	🗹 Add
		Fernandina Bench, FL, 320	3 4 □ Remove
			Change
			□ Remove
			Change
			☐ Remove
			Change
			Add
			☐ Remove
			□ Change
			Add
			□ Remove
			Change
			
			□ Remove
			Change

	I am adding my wife, Valerie Franklin Snith, as
	an owner/manager of Access 25 Dovestments LLC
	I am adding my wife, Valerie Franklin Snith, as an owner/manager of Access 25 Dovestments LLC (See Preceding page)
IZ TZODA AZ	
(If an ef Note:	ive date, if other than the date of filing:
f the real	cord 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	July 29th . 2019.
	Signature of a member or authorized representative of a member
	James Benjamin Smith II Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00