# 417000245143

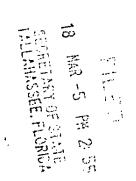
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT:	901 AVE -	D, LLC	
	Name of Limit	ed Liavility Company	
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	4 4	ICAN WELLES	
		Name of Person	
		Firm/Company	
	5659	WHIRLAWAY RD	)
		Address	
	PALM POEAU	H GARDONS, FL	33418
	V/A S (	City/State and Zip Code  HAWRE, COM	
-	E-mail address: (to	be used for future annual report notificati	on)
For turther information cond			,
H. ALAN	Welles	ai 561, 301 -	0600
Name of Pe	rson	Area Code Daytime Tel	ephone Number
Enclosed is a check for the f	following amount:		
	-	These on Piller Co., &	D \$40.00 Elling Pag
\$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 Tallahassec, 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

901 A	VED, LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000245143</u> This amendment is submitted to amend the following:	were filed on $\frac{11\sqrt{29\sqrt{2017}}}{40000000000000000000000000000000000$
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TALL SEED TO
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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 = Ai	uthorized Member					
<u>Title</u>	<u>Name</u>		Address			Type of Action
MGR	HOWARD	ALAN WELLES	5659	WHIRLAWAY	CD.	E Add
			PALM BEA	141 GARDONS F	L 334	18 Remove
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Filing Fee: \$25.00