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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Solution of Con			•
SUBJECT: 20	Main Str	eet, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Joe</u>	Faw Name of Person	
	201	Main Street,	<u>'16</u>
	<u> 600</u> S	and St South	
	Safet	City/State and Zip Code	34695
	Jaw & bay E-mail address: (	to be used for future annual report noti	Com fication)
For further information of	concerning this matter, please ca	all:	
Kate R	ouers of Person	at (125) 468 Area Code Daytim	s –9239 e 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)	☐ S60.00 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**

Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lial Florida document number	bility Company were filed on 12 19 17 and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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)	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	ADDRESS)
	<u>ox</u>
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida Street adaress
	City Zip Code
New Registered Agent's Signature, if changing Reg	gistered 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kate Rogers	600 and Sts	🖸 Add
		600 and StS Safety Honbor, FL346	¶S □ Remove
			Change
			□ Add
			Remove
			Change
			🗆 Add
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ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list iment's effective date on the Department of State's records.	 05 st

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Filing Fee: \$25.00