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(Business Entity Name)	
(Document Number)	
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06/26/23--01015--023 **25.00



COVER LETTER

Tallahassee, FL 32314

	Registration S Division of Co		•	
SUBJEC	OCHLOC	KNEE RIVER REAL ESTAT	E LLC	
SOBJEC	-1. <u> </u>	Name of Lir	nited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Christopher Godwin		Selosed) Separation Section S
			Name of Person	
		OCHLOCKONEE RIVER	R REAL ESTATE LLC	
			Firm/Company	
		2512 Pecan Rd		
			Address	<u> </u>
		Tallahassee, Florida 3230	3	
		ORRETALLY@Gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report r	otification)
For furthe	r information c	oncerning this matter, please c	all:	
Christoph	er Godwin		850 545-6372	
_	Name o	f Person	at ()	time Telephone Number
Enclosed i	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	<u>1ailing Addres</u> Registration S		Street Address:	Section
	Division of C	orporations	Division of C	orporations
P	P.O. Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCHLOCKNEE RIVER REAL ESTATE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/03/2018 and assigned Florida document number $\frac{L18000002088}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OCHLOCKONEE RIVER REAL ESTATE LLC The new name must be distinguishable and contain the words "Limited Liability 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 office address on our records, enter the name of the new 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

, 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>	Name	Address	Type of Action
			
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			□Change
			□Add
			Remove
		-	□Change
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fective date, if other than the date in effective date is listed, the date must be spote: If the date inserted in this block decument's effective date on the Departn	ecific and cannot be pric ses not meet the appli	r to date of filing or me cable statutory filing	(options) ore than 90 days after filing grequirements, this day	ng.) Pursuant to 60	– 05,0207 sted as
record specifies a delayed effective date. I is filed.	, but not an effective t	ime, at 12:01 a.m. c	on the earlier of: (b)	The 90th day aft	er the
June 16th	2023				
ated state to the					

Filing Fee: \$25.00