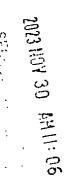
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COVER LETTER

ro:

Registration Section

Division of Corporations	•
SUBJECT: Allendale Terrace	2 Holdings LLC
Name of	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	itter to the following:
_ Jame	Santeld Name of Person
	Property Services LLC Firm/Company
<u>90.79</u> 71,	Address
	Address
St Peterst	Oura State and Zip Code
	Cit)/State and Zip Code
allendalet	recruce emilian. com. com. c
E-mail addre	ss: (to be used for future annual report notification)
For further information concerning this matter, pleas	se call:
1 2 0.1	(00 7700
	at (727) 692 - 4409
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee \$\square \qu	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Albertale Terrace Holo	Linas LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company of Iorida document number 180008703	were filed on 11012018 and assigned
This amendment is submitted to amend the following:	
Alerda le Property Services the new name must be distinguishable and contain the words "Limited Liabili	LLC
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	7073
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Elevida street address
	. Florida
	City Zip Code

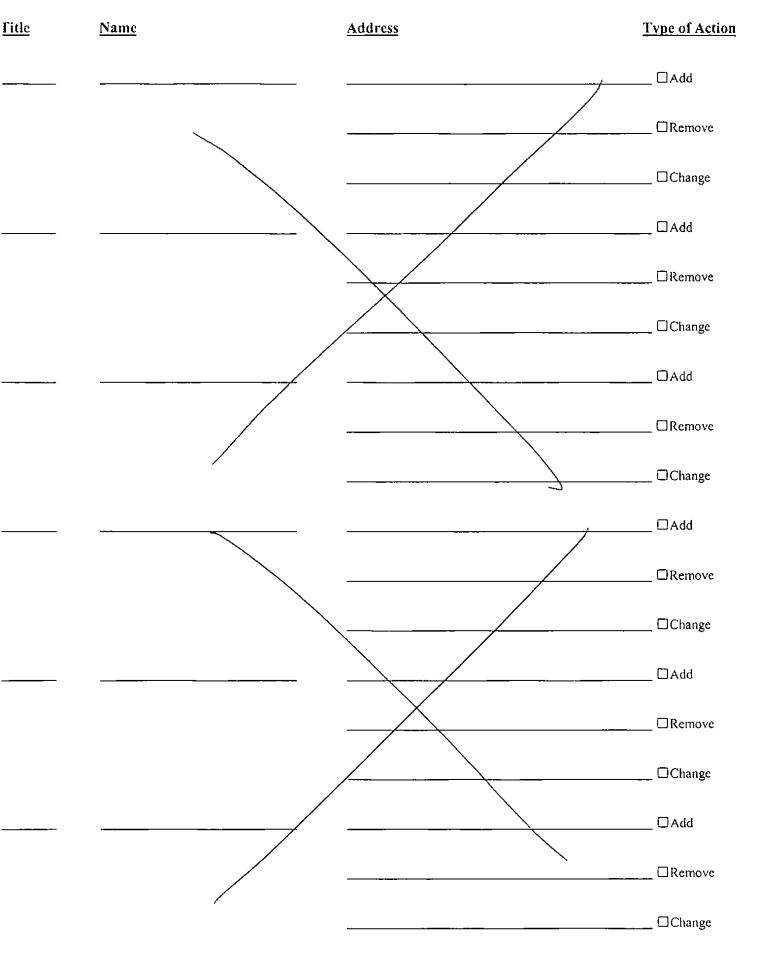
New Registered Agent's Signature, if changing Registered Agent:

' 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, Aignature 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 = Authorized Member



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`an effect <u>Vote:</u> If	tive 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as in a effective date on the Department of State's records.
record : Lis filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
ated	November 22nd. 2023.
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Signature of a member or authorized representative of a member