18701000010781

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COVER LETTER

TO: Registration Se Division of Cor				
eun rece	715 South D	illard LLC		
SUBJECT:		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:		
	Sharon Williams			
		Name of Person		
	715 South Dillard LLC			
	-	Firm/Company		
	12200 W. Colonial Dr - St	e 303		
		Address		
	Winter Garden, Florida 34	787		
		City/State and Zip Code		
	sharon@exchangeplace.net	to be used for future annual report no	rife	
For further information c	oncerning this matter, please c	·	meanon	
Annette Gayle		407 347-4247		
Name o	f Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for the	ne 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		Street Address: Registration So	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 632 Tallahassee.			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 J. 119 R. H. 11 715 South Dillard 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 $\frac{1/12/2018}{1}$ and assigned Florida document number _ L18000010781 This amendment is submitted to amend the following: 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) 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 Cirv 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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
SEC Jacob Williams	Jacob Williams	12200 W. Colonial Dr	\BAdd
		Ste 303	□Remove
		Winter Garden, FL 34787	☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			Change
			□Add
			□Change
			🗆 Add
			□Remove
			☐ Change

. 11 an •	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effec	tive date, if other than the date of filing:
(If an e Note	ffective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco	ord 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 filed.
Date	September 29
	Jus Win
	Signature of a member or authorized representative of a member
	Sharon Willliams

Filing Fee: \$25.00