U180000 24034

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
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TALLAHASSEE, FLORIDA

COVER LETTER

TC		egistration Sec ivision of Corp			
CI I	ID IECT		ONA AVE, LLC		
Name of Limited Liability Company					
Th	e enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Ple	ease retu	m all correspor	ndence concerning this matter	to the following:	
			JOHN SBARDELLA		
				Name of Person	
			700 DAYTONA AVE, LLC	С	
				Firm/Company	
			1283 PLANTATION PLACE	CE	
			· · · ·	Address	
			DAYTONA BEACH, FL 3	32119	
				City/State and Zip Code	
			JOHNSPARDELLA@GMA		
				to be used for future annual report notifi	cation)
Fo	r further	information co	oncerning this matter, please ca	all:	
JO	HN SBA	ARDELLA		386 366-3480 at ()	
		Name of	Person	Area Code Daytime	Telephone Number
En	closed is	a check for th	e following amount:		
	\$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 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

700 DAYTONA AVENUE, LLC		
(Name of the Limited Li (A F)	ability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on 01/26/2018	and assigned
Florida document number L18000024034	·	
This amendment is submitted to amend the following	g:	
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 abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:	:	18 LECH
(Principal office address MUST BE A STREET AL	DDRESS)	EB HE
		Z Z Z
		PR. F.E.S.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		M Om
B. If amending the registered agent and/or r registered agent and/or the new registered office:	egistered office address on our records, <u>enter the address here:</u>	ne name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Florida	
	City	Zip Code

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>	<u>Name</u>	Address	Type of Action
MGR	JAMES HOOBLER	P.O. BOX 1102	
		DAYTONA BEACH, FL 32115	■ Remove
			☐ Change
AMBR	JAMES HOOBLER	P.O. BOX 1102	Add
		DAYTONA BEACH, FL 32115	Remove
			□ Change
			Add
			Remove
			□ Change
			☐ Remove
			Change
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ttect an ef	ive date, if other than the date of filing: (optional) ective 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	605.02	207
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	listed :	as t
ocun	ent's effective date on the Department of State's records.		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	rlier	of:
The	90th day after the record is filed.		
	this 13th day of February 2018		
ated	this 13th day of February 2018		
	11 1111		
	MINUME	_	
	Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00