L18000038584

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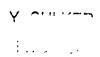


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COVER LETTER

TO: Registration Section of Corporation of Corporation of Corporation of Corporation (Corporation)			
SUBJECT: 24	63 Richmon Name of Lim	nd Street, LL ited Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Valevie	Mazzella Name of Person	
	· · ·	Firm/Company	
	P.O.Box	755 Address	· · · · · · · · · · · · · · · · · · ·
	Jensen B	City/State and Zip Code	4958
	2 olphotes E-mail address: (i	6 @ Gmall - Com	ification)
For further information cor	ocerning this matter, please ca	alt:	
Valerie Maz, Name of F	erson	at (<u>772</u>) <u>233</u> Area Code Daytin	- 8318 ne Telephone Number
Enclosed is a check for the	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

2463 Kichmond St.	reet LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company with the Florida document number <u>L186003858</u> 4 This amendment is submitted to amend the following:	were filed on $\frac{2/12/2018}{}$ and assign	ed
A. If amending name, enter the new name of the limited liabil	lity company here:	
2483 Richmond Street, L	LC	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "L.L.C." 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)	P.O. Box 755 Jeusen Beach, FL 3495	<u></u>
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		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
			☐ Add
			☐ Remove
			☐ Change
			☐ Remove
			
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			☐ Change

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an effec <u>Vote:</u> H	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.
ated _	10/16.2019.
	Valeu Signature of A phember or authorized representative of a member

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Filing Fee: \$25.00