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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	1
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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: 3103 Belden, LLC.	
Name (of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	re submitted for filing.
Please return all correspondence concerning this n	matter to the following:
	James D. Allen, Esq.
	Name of Person
L <u>A\</u>	W OFFICES OF JAMES D. ALLEN, PA Firm/Company
	NORTH LAURA STREET STE 25(X) Address
	JACKSONVILLE, FL 32202 City/State and Zip Code
li-mail add	Kayla_AGM@outlook.com Iress: (to be used for future annual report notification)
For further information concerning this matter, plo	
Kayla Littlepage	at (480)
Name of Person	Area Code Daytine Telephone Number
Enclosed is a check for the following amount:	
※ \$25,00 Filing Fee ☐ \$30,00 Filing Fee 6 Certificate of State	
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3103 1	Belden, LLC		[02]
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears imited Liability Company)	on our records.)	Co-
The Articles of Organization for this Limited Liability Co. Florida document numberL18000107724		4/30/2018	and assigned
	- '		6: 2
This amendment is submitted to amend the following:			်ငှာ
A. If amending name, enter the new name of the limite	ed liability company her	<u>·e</u> :	
The new name must be distinguishable and contain the words "Limite	xd Liability Company," the de	signation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
	****	 -	
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 re	cords, <u>enter the name</u>	of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la 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 A	Agent, Signature of New Registe	red 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>	<u>Address</u>	Type of Action
AMBR	STEINMAN, EYAL	9838 old Baymeadows rd #299 JACKSONVILLE, FL 32256	□Add
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			Remove
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	Suite Number for the Mailing Address has been amended and is still incorrect.
	The correct Suite number is #299
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ffect	ive date, if other than the date of filing: 1/19/2021 (optional)
an et ote:	fective 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
	nent's effective date on the Department of State's records.
	rd 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 is fi	led.
. •	January 19th 2021
ated	341447 1741
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Typed or printed name of signee