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COVER LETTER

TO: Registration 9 Division of Co			
	ON STREET, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Leanne I Eberhardt		
		Name of Person	
		Firm/Company	
	7270 Barbara Road		
	Cocoa, Florida 32927	Address	
	leberhardt33@att.net	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Leanne I Eberhardt		321 536-8709 at ()	
Name	of Person	Area Code Daytime	e 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:

TO:

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

1081 ARON STREET, 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 $\frac{06/28/2018}{}$ and assigned Florida document number 1.18000158386 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 "L.L.C." 7270 Barbara Road Enter new principal offices address, if applicable: Cocoa, FL 32927 (Principal office address MUST BE A STREET ADDRESS) 7270 Barbara Road Enter new mailing address, if applicable: Cocoa, FL 32927 (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 registered agent and/or the new registered office address here: Name of New Registered Agent: 7270 Barbara Road New Registered Office Address: Enter Florida street address Cocoa City

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 t 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>	<u>Address</u>	Type of Action
MGR	Laura Altman	P.O. Box 621776 Orlando, FL 32862	■ Add
			☐ Remove
			☐ Change
MGR	Leanne I Eberhardt		
		7270 Barbara Road	Remove
		Cocoa, FL 32927	☐ Change
			Add
			Remove
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ffective date, if other than the of an effective date is listed, the date must tote: If the date inserted in this blo	be specific and cannot be prock does not meet the app	rior to date of filing or plicable statutory fil	more than 90 days after ting requirements, this	iling.) Pursuant to 605.0 date will not be listed
ocument's effective date on the De	partment of State's recor	rds.		
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e record specifies a delayed The 90th day after the reco		not an effective	e time, at 12:01 a	.m. on the earlier
August 14th lated	<u>2019</u> 	·		
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	Signature of a member or a	uthorized representati	ve of a member	

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Filing Fee: \$25.00