## K18000 177948

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500377456895

12/06/21--01025--001 \*\*25.00

SECRETARY OF STATE

FILED
2021 DEC -6 AM II: 35

## COVER LETTER

TO: Registration S Division of Co			: ,
4918 Vice SUBJECT:	roy LLC		
SUBJECT.	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
	ondence concerning this matte		
	Birgit Elfinger		
		Name of Person	<del></del>
	Davis & Associates, CPA	\'s	
	-	Firm/Company	<del></del>
	400 5th Ave S, Suite 301		
	<del></del>	Address	<del></del>
	Naples, FL 34102		
	belfinger@johndaviscpa.co	City/State and Zip Code	
	· ·	(to be used for future annual report not	ification)
For further information	concerning this matter, please of	call:	
Birgit Elfinger		239 775-8588	
Name (	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	
Registration 9	Section	Registration Sec	ction
Division of C P.O. Box 632		Division of Cor	porations
T-U 1	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

FILED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 DEC -6 AMII: 35 SECRETARY OF STATE TALLAHASSEE, FL

4918 Viceroy LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L18000177948	were filed on <u>07/24/2018</u>	and assigned
This amendment is submitted to amend the following:		
· ·		
A. If amending name, enter the new name of the limited liab	inty company here:	
28100 Challenger LLC		
The new name must be distinguishable and contain the words "Limited Liabi"	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	400 5th Ave S, Suite 301	
	Naples, FL 34102	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u> e	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addr	ess
	, 1	Florida
	Ciņ.	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

	<del>5</del>	<u>.</u>
	TA	למלו חבר
	LA	ř
	HAS	c
	m m	2
	RETARY OF STATE	
		č
ffective date, if other than the date of filing:	(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 605.0	1207
<u>Sofe:</u> If the date inserted in this block does not meet the approximent's effective date on the Department of State's record	plicable statutory filing requirements, this date will not be listed	d as
ocanicia y circuite date on the Department of Jule y recor	.ed.	
	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
I is filed.	/ //	
November 23 202Y		
//1//////	71//	
	<b>\</b> //	

Filing Fee: \$25.00

Typed or printed name of signee