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COVER LETTER

FO: Registration S Division of Co		
SUBJECT:	21 N BUMBY AVENUE LLC Name of Limited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
	WENDY ANDERSON Name of Person	
	Firm/Company	
	1353 PALMETTO AVENUE, # 100	
	WINTER PARK, FL 32789 City/State and Zip Code	
	Wra a wendy anderson pa - Com E-mail address: (to be used for future annual report reptification)	
For further information	concerning this matter, please call:	
Wendy	Onderson at (407) 628-9081 Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our reconited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com	pany were filed on	and assigned
lorida document number		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRES</u>	<u>S)</u>	, <u>, , , , , , , , , , , , , , , , , , </u>
		2022
) DE
Inter new mailing address, if applicable:		F11_2020 DEC 28
Mailing address MAY BE A POST OFFICE BOX)		~ M
		= O
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>ent</u>	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	, 1	FloridaZip Code

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ackman, Jason	4397 New Broad ST	DAdd
		Orlando, FL 32814	□Remove
			□Change
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Tective date, if other than the date of filing:	(option	nal)	sas azaz
ote: If the date inserted in this block does not meet the applicable statutory filing require			
ecument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied.	arlier of: (b)	The 90th day a	fter the
nted December 21 2020.			
Signature of a member or authorized representative of a men	nber		