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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 212 N FEDURAL HIGHWAY LLU  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brady Cobb Name of Person
Firm/Company
MIZ N. FLAGUE DING
Fort Landertaly FL 33304
E-mail address: (to be used for future gramm, ort notification)
For further information concerning this matter, please call:
Name of Person at (954), 527-4111  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)  ☐ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N Federal Highwan III

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(Name of the Limited Lial (A Flor	bility Compar rida Limited L	y as it now appe lability Company	ars on our reco	ords.)		
The Articles of Organization for this Limited Liability Florida document number <u>し とかひまつをの</u>	y Company :	were filed on _	12/03/	2018	_ and ass	igned
This amendment is submitted to amend the following	. <b>:</b>					
A. If amending name, enter the new name of the li	<u>imited liabi</u>	lity company	<u>nere</u> :			
The new name must be distinguishable and contain the words "l	Limited Liabili	ity Company," the	designation "L	LC" or the abbre	viation "L	L.C."
Enter new principal offices address, if applicable:				<u> </u>	2	
(Principal office address MUST BE A STREET AD	DRESS)				<u>- 表</u> -	
					2	,T!
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						<del></del>
		20 P T				
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office a	iddress on our	records, ent	er the name o	of the <u>ne</u>	w registe
Name of New Registered Agent:	D. A.	Eddy, F	LLU		_	
New Registered Office Address:	1131	J. + AA Enter F	lerida street ada	Iress		<u>.</u>
<u>+</u>	ort La	under da	u	Florida <u>37</u>	33 U Zip Code	<u> </u>
New Registered Agent's Signature, if changing Regist	ered 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 Type of Action Title **Address** <u>Name</u> Steven Avalon 1112 N. Flagler DNVC DANG AMBR FUT LAURULANU, FL 33304 De Remove 1112 N. Flagur Drive and Bridy lobb AMBR Tirt Laudutzlal FL 33304 @ Remove □ Change □Add □Remove \_\_\_\_ □Change

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ecord specifies a dela is filed.	ayed effective date, b	out not an	effective ti	me, at 12:01	a.m. on the	earlier of: (b	) The 90	Oth day a	ifter the
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Filing Fee: \$25.00