1190000003591

(Requestor's Name)	<u> </u>
(Address)	
. (Address)	
(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
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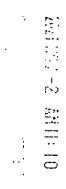
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A. RIVERS NOV 1 5 2021



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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC		nt Terrace, LLC		
SUBJEX	~ I ·	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	cturn all correspo	ndence concerning this matter	to the following:	
		Gregory Mathisen		
			Name of Person	
			Firm/Company	
		5705 Garretts Rd		
			Address	
		Micco, FL 32976		
		bettelynn123@aol.com	City/State and Zip Code	
			to be used for future annual report notific	cation)
For furth	ner information co	oncerning this matter, please ca	all:	
Gregory	Mathisen		303 550-2546 at ()	
	Name o	f Person	Area Code Daytime	Felephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25 .	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Sect	ion

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

632 Bayfront Terrace, LLC				
(<u>Name of the Limite</u>	d Liability Compan A Florida Limited Li	y as it now appears on a ability Company)	our records.)	 _
The Articles of Organization for this Limited Lia Florida document number L19000002591		were filed on 12/31/20	018	_ and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited <u>lia</u> bil	ity company here:		
Mathisen Family LLC				
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the designa	ation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREET	T ADDRESS)			
		-		
Parameter and the second secon				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>80X)</u>	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or reagent and/or the new registered office address	• '	idress on our record	ds, <u>enter the name (</u>	of the new registered
Name of New Registered Agent:				
Name of New Registered Agent.			<u> </u>	
New Registered Office Address:				
		Enter Florida st	reet address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete p tered agent as p egistered office o	performance of my a rovided for in Chap	luties, and I am fa <u>r</u> ter 605, F.S. Or, if	niliar with and this document is

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>	Address	Type of Action
			□Add
			Remove
			Change
			🗀 Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			🗀 Add
		·	Remove
			□Change
			□ Add
			□Remove
			Change
		□Add	
			Remove
			□ Change

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n effect I te: If	e date, if other than the date of filing:
ecord s	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
ted	Ragan Math
	Signature of a member or authorized representative of a member
	Comment Matters