L19000023108

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COVER LETTER

TO: Registration Se Division of Cor							
4301 Wes	t Old US Highway 441 Mount	Dora LLC	•				
SUBJECT:	*		ri .				
	Name of Lin	nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	David Vedder						
		Name of Person					
	4301 West Old US Highv	vay 441 Mount Dora LLC					
	17500 E Lake Jem Road	Firm/Company					
							
	Mount Dora, FL 32757	Address					
	Address						
	E-mail address: (to be used for future annual report not	ification)				
For further information c	oncerning this matter, please c	all:					
David Vedder		352 223-4630					
Name o	l'Person	at () Area Code Daytim	ae Telephone Number				
Enclosed is a check for the	ne 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 Registration S		<u>Street Address:</u> Registration Se	ction				
Division of C		Division of Cor					
P.O. Box 6327		The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4301 West Old US Highway 441 Mount Dora 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 ______ and assigned Florida document number _____L19000023108 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 4301 West Old US Highway 441 Mount Dora, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 the new registered agent and/or the new registered office address here: David Vedder Name of New Registered Agent: 4301 West Old US Highway 441 New Registered Office Address: Enter Florida street address Mount Dora

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.

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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>	Name	Address	Type of Action
MBR	David Vedder	4301 West Old US Highway 441	
		Mount Dora, FL 32757	
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		Change to MBR	
MGR	Jessica Vedder	4301 West Old US Highway 441	Change
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		Mount Dora, FL 32757	Add Remove
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record specifies a delayed effectiv I is filed.	e date, but not	t an effective (ime, at 12:01	a.m. on the ear	lier of: (b)	The 90	th day a	ifter the
May 7th		2021						
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