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(Red	questor's Name)	
(Ade	dress)	
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(City	y/State/Zip/Phone	e #)
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COVER LETTER

FO: Registration Sec Division of Corp			
subject: <u>83</u>	Name of Limit	d Ridge, LLU ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	idence concerning this matter t	to the following:	
	Brady Work	Name of Person	
		Firm/Company	
	1112 N Fla	IGUY DNVL Address	
	Fort Land	Utdall, FL 33: City/State and Zip Code	304
	brady@@	o be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	dl:	
MIRCH FOR	Person	at $(\frac{954}{\text{Area Code}})$ $\frac{527}{\text{Daytime}}$	U) 1) e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 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 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

8307 LOCKI	Void Ridge LLC d Hability Company as it now appears on our records.)	
(<u> </u>	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L 9 0000 41</u>	ability Company were filed on <u>02/13/201</u> 4752.	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	20 M
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or	the abbreviation L.C."
Enter new principal offices address, if applica	able:	· · · ·
(Principal office address MUST BE A STREE)	T ADDRESS)	- P !
		2: 13
Enter new mailing address, if applicable:	 	<u> </u>
(Mailing address MAY BE A POST OFFICE I	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, <u>enter the</u> <u>s here</u> :	e name of the new registered
Name of New Registered Agent:	D.A. Eddy PLLC	
New Registered Office Address:	1112 N. FLAGUE DAV Enter Florida street address	<u> </u>
	First Lauderfall Flori	da 33304

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Address</u>	Type of Action
AMBR	Steven Avalon	1112 N. Flagur Dnve	□Add
		FORT LANdUNDALO FL 333	NRemove
			🗆 Change
AMBR	Brady Cobb	1112 N. Flagler Drive	X [Add
	,	Fort Lunderdal, Fr 33	<u>}14</u> □Remove
			□Change
		<u></u>	□Add C
			□Add No. 1 □Remove 7
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f an effective Note: Hith	date, if other than to date is listed, the date is listed, the date inserted in this is effective date on the	must be specific as block does not	nd cannot be prio : meet the appli	r to date of filing e cable statutory i	or more than 90 days	optional) after filing.) Purs s, this date will r	aant to 605.0 not be fisted	1207 1 as
record spo d is filed.	ecifies a delayed effec	etive date, but no	ot an effective	time, at 12:01 a.	m, on the earlier c	of: (b) The 90th	ı day after t	the
Dated	February	28	3020)				
		Signature AK	a member or aut	horized representa	tive of a member	<u>-</u>		
				Avo lo				

Filing Fee: \$25.00