L19000079452

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TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	AB INVESTMENTS, LLC		
JOBSECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	Kevin J. Bahr		
	·	Name of Person	
	Kevin J. Bahr, P.C.		
		Firm/Company	
	6075 Barfield Road, Suite	210	
		Address	
	Atlanta, GA 30328		
		City/State and Zip Code	
	kbahr@bahrlawfirm.com		· · · · · · · · · · · · · · · · · · ·
		to be used for future annual report not	(lication)
for further information c	oncerning this matter, please c	all:	
Kevin Bahr		678 469-7555 at ()	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Co	
P.O. Box 632	27	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORCHID	AB	INV	FSTN	1ENTS	-LLC
OKCHID	2 112	417 7		1121112	

(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 Compa	any were filed on MARCH 21, 2019	and assigned
Florida document number L19000079452		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
DAYTONA PARTNERS REALTY, LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the a	abbreviation "L.L.C."
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 here: Name of New Registered Agent:	ce address on our records, enter the nai	me of the new registered
Now Bogistand Office Address		1 co
New Registered Office Address:	Enter Florida street address	Zip Code:
	City-	Zip Code*
New Registered Agent's Signature, if changing Registered Age	ent:	
'hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off ompany has been notified in writing of this change.	ete performance of my duties, and I am as provided for in Chapter 605, F.S. Oi	familiar with and r, if 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
		 	□Change
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			□Add
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			Remove
			□ Change
			□ Add
		 	Remove
			□Change

	
	
	
ffective date if other than the date of filing: (ontional)	
ffective date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)	Pursuant to 605.0207
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date v	will not be listed as
ocument'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 earlier of: (b) The	e 90th day after the
l is filed.	
FEBRUARY 1 2021	
ated .	
/Signature of a member or authorized representative of a member	
Thurs Solv	
Signature of a member or authorized representative of a member	
KEVIN J. BAHR, authorized representative; company legal counsel	
Typed or printed name of signee	

Filing Fee: \$25.00