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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Dc	ocument Number)	
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COVER LETTER

TO:

Tallahassee, FL 32314

	egistration Se ivision of Cor			
OUD IF OF		SEPH DR LLC		
SUBJECT	:	Name of Lim	ited Liability Company	- 4 -
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		IRA R. SHAPIRO		
			Name of Person	
		IRA R. SHAPIRO, P.A.		
			Firm/Company	
		16375 NE 18th AVENUE	SUITE 225	
			Address	
		NORTH MIAMI BEACH,	FL 33162	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report n	otification)
For further	information c	oncerning this matter, please of	all:	
IRA R. SH	APIRO		305 944-3936 at ()	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is	a check for th	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)
	ailing Addres		Street Address: Registration S	Section
	egistration S ivision of C	Corporations	Division of C	orporations
	O. Box 632		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

103 ST JOSEPH DR LLC

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on APRIL 18, 2019	and assigned
Florida document number L19000100016		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
2278 AMBERJACK AVE LLC		. <u></u> .
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the ab	breviation "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)		
(Statung dadress STAT BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: Name of New Registered Agent:	ldress on our records, enter the nam	e of the new registere
1000		
New Registered Office Address:	Enter Florida street address	
	City	Zip Code ^{**}
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am J ovided for in Chapter 605, F.S. Or,	familiar with and if this document is
If Chang	ing Registered Agent, Signature of New Re	gistered 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
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Effecti	ve date, if ot	her than the	date of filir	ng:			((ptional)	suant to 605.0207
lf an effe Noter	ective date is list	ted, the date must	be specific an	id cannot be p	orior to date of plicable stati	filing or more	than 90 days	after filing.) Pu . this date wil	rsuant to 605.0207 not be listed as
docume	ent's effective	date on the De	partment of	State's reco	rds.	g	4		
	•	elayed effective	: date, but no	ot an effectiv	ve time, at 12	2:01 a.m. on	the carlier o	f: (b) The 90	th day after the
rd is file	ed.								
	7 1	1 .		2021					
Dated_	16-10	1e-ch		·· ——	· ·				

Filing Fee: \$25.00

Typed or printed name of signee