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Registration Section Division of Corporations

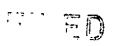
TO:

Neptune 13	340 LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Garrett Bender		
	Neptune 1340 LLC	Name of Person	
	506 Andrews Ave	Firm/Company	<u></u>
	Delray Beach, FL 33483	Address	
	gmb@rasflaw.com	City/State and Zip Code	
For further information	E-mail address: (to be used for future annual report not	ification)
Garrett Bender	,	561 241-6901 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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)
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on orations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF



Neptune 1340, LLC

2019 JUG 27 PM 1: 1

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L19000194531}{L19000194531}$	were filed on 07/30/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbrev	viation "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 of registered agent and/or the new registered office address her		e name of the

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

Enter Florida street address

MGR = Manager AMBR = Authorized Member **Type of Action** Address **Title** Name GINA BENDER **506 ANDREWS AVE AMBR** DELRAY BEACH, FL 33483 □ Add **■** Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

if amending Authorized reison(s) authorized to manage, enter the title, name, and address of tach person being

or removed from our records:

•		
12 12 00	After date of all and the date of Clima.	
L. Ellec If an e	ctive date, if other than the date of filing: (optional) 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 605.0	207 (:
<u>Note</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	as th
docu	ment's effective date on the Department of State's records.	
		,
if the re (h) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	of:
(0) 111	e sour day area, the record is med.	
Date	, AUGUST 26 2019	
Date		
	Signature of a member or authorized representative of a member	
	CARRETT DENDER	
	GARRETT BENDER	
	Typed or printed name of signee	

D. It amending any other information, enter change(s) here: (Anach additional sheets, if necessary.)

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Filing Fee: \$25.00