L19000205578

(Requestor's Name)	_				
(Address)					
(Address)	_				
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)	_				
(Document Number)	_				
Certified Copies Certificates of Status	_				
Special Instructions to Filing Officer:	7				





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COVER LETTER

	Registration Se Division of Cor			,
CUD ITA	7 .		EN HUNDRED LLC	
SUBJEC	CT:		ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
			Firm/Company	
		17350 STATE HWY 249 :	STE 220	
			Address	
		HOUSTON, TX 77064		
			City/State and Zip Code	
		EFILE1234@INCFILE.CO		
		E-mail address: (to be used for future annual report not	ification)
For furth	er information co	oncerning this matter, please ca	all:	
LOVET	TE DOBSON		1 888-462-34 at ()	53 ne Telephone Number
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for th	ne 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EIGHTEEN HUNDRED LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears of the FEE 28 AM 9: 16 Liability Company)						
The Articles of Organization for this Limited Liability Company were filed on O8/13/2019 LLAHASSEE, Fland assigned Florida document number L19000205578							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liab	pility company here:						
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."						
Enter new principal offices address, if applicable:	10752 DEERWOOD PARK BLVD STE 100						
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32256						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered						
Name of New Registered Agent:							
New Registered Office Address:	Enter Florida street address						
	, Florida						
	City Zin Code						

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.

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
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			□Remove
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Effective date, if other than the date of the date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be prior to k does not meet the applica			
e record specifies a delayed effective ord is filed.	late, but not an effective tin	ne, at 12:01 a.m. on th	ne earlier of: (b) The 90	0th day after the
Dated FEBRUARY, 22	2022	<u>.</u> .		
- Vig	And Rada gnature of a member or augus	rized representative of a	member	
Deborah Radford				
	Typed or printe	d name of signee		