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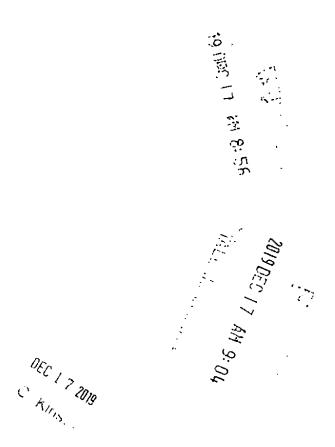
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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LA POSA Peally Down	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
	Barberson Name of Person  Ly Donton Oalon & CCC Firm/Company
	Address Street, Suitz 247
	City/State and Zip Code  RUST down town Laman. Com to be used for future annual report notification)
For further information concerning this matter, please ca	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

	INTOWN Oplando LLC
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on $\frac{8 30 2019}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
A. It amending name, enter the new name of the nimited habi	nty Company nerc.
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	42 & Robinson ST Sul 247
(Principal office address MUST BE A STREET ADDRESS)	0Hando, FL 32801
Enter new mailing address, if applicable:	47 E. Robinson St, suite 247
(Mailing address MAY BE A POST OFFICE BOX)	Ochardo, FC 32801
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	ANGUATURA ANGUARA
New Registered Office Address: 47 と.	Poblinson St Suite 247
	Enter Florida street address
	City Florida 3280 \ Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

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>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
		□Change	
		□Add	
		Remove	
		□Change	
		□Add	
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	·····	□ Change	
		□Add	
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		☐ Change	
		□Add	
		□Remove	
		Change	

. .

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	Authorized Person Detail Little to:
_	"MGR
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_	
(If an effe Note:	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	$\frac{11/22}{1}$
	Signature of a member or authorized representative of a member
	Rodney J. Barley Typed of printed name of signee
	Types of printed name of signer

Page 3 of 3

Filing Fee: \$25.00