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## **COVER LETTER**

Tallahassee, FL 32314

	egistration Se ivision of Cor				
SUBJECT	14005 53R	D. LLC			
SUBJECT	:	Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing		
		ndence concerning this matter	-		
		Temple H. Drummond			
			Name of Person		
		Drummond Wehle Yonge	LEP		
			Firm/Company		
		6987 East Fowler Avenue			
		<del></del>	Address		<u>ر۔</u> اب
		Tampa, Florida 33617		19 [	
			City/State and Zip Code	0£C	XX De
		temple@dwyfirm.com		-2	
		E-mail address: (	to be used for future annual report notification)		
For further	information co	oncerning this matter, please ca	all:	2:	(C)
Temple H.	Drummond		813 983-8000	20	OK STATE OK STATE
	Name o	f Person	Area Code Daytime Telephone N	vumber	.0
Enclosed is	a check for th	ne following amount:			
	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)	
Ro D	ailing Addres egistration S ivision of C O. Box 632	Section orporations	Street Address: 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

14005 53RD, LLC

(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 Company	v were filed on October 28, 2019	and assigned	
Florida document number L19000259521	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
10045 N. 53rd, LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the na		
New Registered Office Address:			
	Enter Florida street address		
	, Florida _	Zip Code	
Number of the second se	•	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	_		
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am provided for in Chapter 605, F.S. O	n familiar with and r, if this document is	
If Cha	inging Registered Agent, <u>Signature of New</u>	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>	Name	Address	Type of Action
			□ Add
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## Page 2 of 3

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Effective date, if other the (If an effective date is listed, the Note: If the date inserted in document's effective date of	this block does	not meet the app	licable statutory	or more than 90 days filing requirements	optional) after filing.) Pursuant t , this date will not be	o 605.0207 ( e listed as t
the record specifies a d The 90th day after t			not an effectiv	ve time, at 12:0	)1 a.m. on the e	arlier of:
Dated November 25		. 19	·			
Tenale	4 1	0 0	Maria a	a t		
	Signature	of a member or au	thorized represent	give of a member		<del></del>