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COVER LETTER

TO: Re Di	gistration S vision of Co	Section Prporations		
SUBJECT:	13868 Yo	ork Court, LLC		
		Name of Li	mited Liability Company	
		f Amendment and fee(s) are su ondence concerning this matte		
	van correap	Ronald Witkowski, Esq.	r to the following:	
		Ronald Witkowski, P.A.	Name of Person	
		12177 Ken Adams Way, S	Firm/Company Ste. 151	
		Wellington, FL 33414	Address	
		ron@ronaldwitkowskipa con		
For further in	formation c	E-mail address: oncerning this matter, please c	(to be used for future annual report notif	ication)
Ronald Witk			561 227-1551	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25,00 Fi		S30.00 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)
		NG ADDRESS:	STREET/COURIE	R ADDRESS:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13868 York Court, LLC	
(Name of the Limited Lia) (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
	y Company were filed on October 31, 2019 and assigned
This amendment is submitted to amend the following:	 : ::
A. If amending name, enter the new name of the li	imited liability company here:
YORK HOUSE RENTALS, LLC	
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	The adviction of the ad
(Principal office address MUST BE A STREET ADI	DRESS)
	77. 2
Enter new mailing address, if applicable:	5 <u>T</u>
(Mailing address MAY BE A POST OFFICE BOX)	
-	= 177
B. If amending the registered agent and/or reg	pistered office address on our records and the second
registered agent and/or the new registered office ad	idress here:
Name of New Declary 1	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City

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 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 = N $AMBR = A$	lanager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
			□ Remove
			☐ Change
 _			
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Remove
			☐ Change
			□ Remove
			Change

D. If amending any other informa	non, enter change(s) here:	(Attach additional sheets,	if necessary,)
			
			
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Effective date, if other than the d (If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be prior to dank does not meet the applicable.		optional) s after filing.) Pursuant to 605,0207 (3 s, this date will not be listed as th
the record specifies a delayed e) The 90th day after the recor	effective date, but not an d is filed.	effective time, at 12:	01 a.m. on the earlier of:
Dated	2019		
TAA	WS AA		
Si	gnature of a member or authorized	representative of a member	
Travis Laas, MBR			
	Typed or printed nan	ne of signee	

Page 3 of 3

Filing Fee: \$25.00