119000304788

(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:

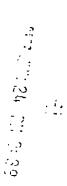




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2020 JUL 24 /// 8: 14



JUN 25 2020

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

2276 D ROAD LLO			_	
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				Art of Inc. File
]	LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature		 		Fictitious Owner Search
J				Vehicle Search
			<u> </u>	Driving Record
Requested by: SETH	06/23/20			UCC Lor 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2276 D ROAD, LLC

2020 20 124 1.1 8: 14

(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 C	Dompany were filed	on DECEMBER 20, 201	19 and assigned
Florida document number L19000304788			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability compa	ny here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company.	"the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·		
(Principal office address MUST BE A STREET ADDI	<u>RESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:	lress <u>here</u> :	ss on our records. <u>e</u>	
New Registered Office Address:			
	En	er Florida street address	
	676	, Floric	ła Zip Code
New Registered Agent's Signature, if changing Registere			Zip Code
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a heing filed to merely reflect a change in the registere company has been notified in writing of this change.	and agree to act in complete performan igent as provided fo ed office address, I	ce of my duies, and I r in Chapter 605, F.S	am familiar with and Or, if this document is
	If Changing Registe	red Agent Signature of N	ew 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
MGR	RICHARD L. LEVY	4450 ARAPAHOE AVE 100	
		BOULDER, CO 80303	■ Remove
			Change
MGR	TERRIE A. SOUCIE	4450 ARAPAHOE AVE., 100	Add
		BOULDER, CO.	■ Remove
			Change
MGR	AUGUSTINE CRUCIOTTI 11291	11291 COWEN COURT	■ Add
		LAKE WORTH, FL 33449	☐ Remove
			Change
MGR	CINDY CRUCIOTTI	11291 COWEN COURT	■ Add
		LAKE WORTH, FL 33449	☐ Remove
			Change
			
			□ Remove
			🗆 Change
			
			□ Remove
			Change

ument's effective date on the Department of State	(optional) nnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the applicable statutory filing requirements, this date will not be listed e's records. e, but not an effective time, at 12:01 a.m. on the earlier
JUNE 23	2020
x Ann (1)	nber or authorized representative of a member
	1
AUGUSTINE CRUCIOTTI	

Filing Fee: \$25.00