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Special Instructions to Filing Officer:
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COVER LETTER

10: Registration Sect Division of Corpo		A	
SHD ICAT.	0524 X	O ICHMOND ST LL	
SUBJECT:	Name of Lin	nited Liability Company	<u>.C</u>
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	VICTORIA	VI 9 N A Name of Person	
		19 SERVICE BY V.	icki <u>T</u> uc
	6990 82	Address	
		Park FL 3378 City/State and Zip Code	
	-tax pro. VICKI E-mail address:	City/State and Zip Code (a) 4ma// Com to be used for future annual report	notification)
For further information cor	ocerning this matter, please c		,
VICTORIA VIC	JNA	at (<u>737</u>) <u>544</u> Area Code Daj	6-3797
Name of I	Person	Area Code Day	ytime Telephone Number
Enclosed is a check for the	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)
<u>Mailing Address:</u> Registration Se		Street Address Registration	
Division of Co.		Division of C	Corporations
P.O. Box 6327		The Centre c	of Tallahassee

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8526 KICHMOND ST 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 were filed on Dec 26, 2019 and assigned Florida document number 42000005378
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "BD.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
<u> </u>
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:
Y
New Registered Office Address: Enter Florida street address
Florida
City . Florida Florida
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 = Manager

AMBR = Authorized Member

Type of Action	Address	<u>le</u> <u>Name</u>	Title
□Add	8513 RICHMOND ST	MGR STACEY WATSON	AMBR + MGR
ZZ □Remove	GIBSONTONS, FL 3353	·	•
ZChange 7/16			
□Add			
□Remov e			
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March 4, 2020 Signature of a member or authorized representative of a member			he
Signature of a member or authorized representative of a member	ated _	March 4,2020	
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		Signature of a member of authorized representative of a member	

Filing Fee: \$25.00