L20000 42764

(Requestor's Name)
(requester 5 Name)
(Áddress)
(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:

Office Use Only



500343250485

04/27/20--01002--002 **25.00

2020 FCX 27 PM 5: 51

Amend

MAY 1. 1 2020 I ALBRITTON

	emoran Blvd, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	nondence concerning this matter	to the following:	
	Dawn Pope		
	-	Name of Person	
	Clean Management		
		Firm Company	
	2710 Pemberton Drive		
		Address	
	Apopka, FL 32703		
		City/State and Zip Code	
	dawn@mfcw.com		
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please e	all;	
Dawn Pope		407 613-5179	
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
■ S25.00 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)
Mailing Addr Registration Division of P.O. Box 67 Tallahassee	Section Corporations 327	Street Address: Registration So Division of Co The Centre of 2415 N. Monra	prporations

Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

TO ARTICLES OF ORGANIZATION OF

4601 S Semoran Blvd, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Lumted Liability Company) The Articles of Organization for this Limited Liability Company were filed on February 5, 2020 and assigned Florida document number L20000042764 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address

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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
MGR	Harold Chenoweth	2710 Pemberton Dr.	
		Apopka, FL 32703	■Remove
			Change
AMBR William Ream	William Ream	2710 Pemberton Dr.	■Add
		Apopka, FL 32703	LlRemove
			Add
			∐Remove
			□Add
			Remove
			□Remove
			Change
			□Remove
			□ Change

·	<u> </u>
_	
<u></u>	
44-84	
 Note: D'the date inserted 	than the date of filing:
ne record specifies a delaye ord is filed.	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated April 22	2020
Wiel	Signature of a member or authorized representative of a member
William Dame	
William Ream	Typed or printed name of signee