

L200000 78113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

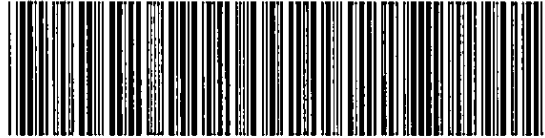
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 AUG 10 PM 5:38
FLORENCE, FLORIDA
CLERK OF SUPERIOR COURT
JANET R. STANLEY

SEP 29 2020
S. YOUNG

August 3, 2020

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

RE: 2805 AVE M NW LLC

To Whom It May Concern:

Enclosed with this letter please find the following:

1. The articles of Amendment.
2. A check for \$25 for the Filing Fee.
3. A pre-addressed envelope.

Please file and return the certificate to me in the enclosed envelope. If you have any questions or concerns regarding this filing please call me at 800-706-4741.

Sincerely yours,

Jasmine Barkum
Authorized Representative

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2805 AVE M NW LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jasmine Barkum

Name of Person

Firm/Company

3225 McLeod Drive, Suite 100

Address

Las Vegas, Nevada 89121

City/State and Zip Code

ra@andersonadvisors.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Jasmine Barkum 800 706-4741

Name of Person at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2020 AUG 10 PM 5:38
and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L200000078113

A. If amending name, enter the new name of the limited liability company here:

3225 McLeod Dr, Suite 100 Las Vegas, NV 89121

3225 McLeod Dr, Suite 100 Las Vegas, NV 89121

Florida

Zip Code

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.

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 3, 2020



Signature of a member or authorized representative of a member

Jasmine Barkum, Authorized Representative

Typed or printed name of signee