L200000 18153

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to		

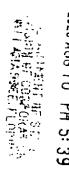
Office Use Only

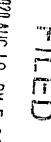


400349320914

08/10/**2**0--01036--026 ++25.00

SEP 2 9 2020 S. YOUNG





•

•

August 3, 2020

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

RE: 3254 CONNIE DR 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

	tegistration So Division of Con			
SHD 11:7*1		INE DR LEC		
SUBJEC, I	Γ:		ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	ırn all correspo	ondence 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 notif	ication)
For further	r information c	oncerning this matter, please ca	all:	
Jasmine B			800 706-4741 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3254 CONINE DRILLC

(<u>Name of the Limited Liability Com</u> (A Florida Limited	nany as it now appears on our records.) I Liability Company)			
The Articles of Organization for this Limited Liability Companies of Organization for this Limited Liability Companies of Organization for this Limited Liability Companies of the limited liability Companies of Companies	y were filed on 3/3/2020 and assigned			
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" or the abbreviation "LL.C."			
Enter new principal offices address, if applicable:	3225 McLeod Dr. Suite 100 Las Vegas, NV 89121			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3225 McLeod Dr. Suite 100 Las Vegas, NV 89121			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> re:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
New Registered Agent's Signature, if changing Registered Agent	City 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.

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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			□ Remove	
			Change	
			☐ Remove	
			☐ Change	
			Add	
			□ Remove	
			☐ Change	
			Add	
			🗆 Remove	
			□ Change	
			□ Add	
			Remove	
			□ Change	
			Remove	
			□ Changa	

	-				
		<u>-</u>			
			·		
					 -
			-		
					
			<u> </u>		
					
	<u>-</u>				
			<u>.</u>		
					
ective date, if other that effective date is listed, the date: If the date inserted in tument's effective date on	te must be specific and can his block does not meet	not be prior to date of the applicable stat	fitiling or more than 90	(optional) days after filing.) Pursuant to nents, this date will not be	605.020 listed a
record specifies a del he 90th day after the	ayed effective date record is filed.	e, but not an el	fective time, at	12:01 a.m. on the ea	arlier o
ed August 3,	<u> </u>	020			
Q			presentative of a memb		

Page 3 of 3

Filing Fee: \$25.00

August 3, 2020

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

RE: 2636 HEMPSTEAD DR 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