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AUG 2 9 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporation	
SUBJECT:	5608 E 130 th Ave 110
30BJEC1.	Name of Limited Liability Company
The enclosed Articles of An	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Sam R'Acie Name of Person
	Name of Person
	5-08 B 121 A 11 C
	S608 F. 130th Ave LLC Firm/Company
	11907 A) 520) SF
	11902 N 530 SF
	Tampe 161 32/17
	Tampa F1 33617 City/State and Zip Code
	Samos 9 @ Hotmail. (om E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further information cond	erning this matter, please call:
Ca	210 202 107 7687
Name of Po	Rifer e at (813) 407-3687  Area Code Daytime Telephone Number
Enclosed is a check for the	ollowing amount:
54 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address: Registration Section
Registration Section Division of Cor	
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5608 E. 1301	- Ave LLC	73
(Name of the Limited Liability (A Florida I	y Company as it now appears on or Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Co Florida document number 12000898 This amendment is submitted to amend the following:	• •	112512020 and assigned
A. If amending name, enter the new name of the limit	ted liability company here:	· ·
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDREST ADD		ion "L.L.C." or the abbreviation "L.L.C."
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 address here:	office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	ret address
<del></del>	City	, Florida Zip Code
	-	•

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
ne recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	7/9/2020
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Sam RiQ:
	Sam_Ri Rice Typed or printed name of signee

Filing Fee: \$25.00