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## **COVER LETTER**

	ation Section n of Corporations		
SUBJECT:	585 3	20 LLC .	
30D31.C1. ,	Name of Lim	ited Liability Company	<del></del>
The enclosed Art	icles of Amendment and fee(s) are sub	mitted for filing.	
Please return all o	correspondence concerning this matter	to the following:	
	<u>Miche</u>	K Sharpe Name of Person	
		Firm/Company	
	_	r mireompany	
	<u>3333 S</u>	Congress Address	#303
	Delray 3	Beach FL 3344 City/State and Zip Code	<del>1</del> 5
		harpe @ att.ne	ication)
For further inform	mation concerning this matter, please c	all:	
Miche	Name of Person	at (954) 914 - 0 Area Code Daytime	7241 Telephone Number
Enclosed is a che	eck for the following amount:		
S25.00 Filing	g Fee S30.00 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>z Address:</u> ration Section	Street Address: Registration Sec	etion

TO:

Division of Corporations P.O. Box 6327 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

2920!'T' | PM 3: 26 (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 3/31/20 and assigned Florida document number <u>L</u> 200000 940 360 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 "L.L.C." 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 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 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
MGR	Anthony Shea	3333 5 Congress Am	Add
		Delray Beach FL	<b>∑</b> Remove
		33445	□ Change
MGR	81 Holdings LLC	3333 S Congress Av	<u> </u>
		Delray Beach, FL	
		33445	□Change
			□Add
			Remove
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			□Change

. II amenung any ou	her information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
(If an effective date is liste Note: If the date inse	ther than the date of filing:
he record specifies a de ord is filed.	clayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	May 8. 2020  Signature of a member or authorized representative of a member
	Michele Sharpe Typed or printed name of figure