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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to i	Filing Officer:	



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Office Use Only

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COVER LETTER

imited Liability Company ubmitted for filing. er to the following:	
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er to the following:	
Name of Person	
Firm/Company	
Address	
City/State and Zip Code	2020 355
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	SEP 24 P
513 317-5214	PHI
Area Code Daytime Telephone Number	PH 12: 33
(additional copy is enclosed) Certified	e of Status &
Street Address: Registration Section Division of Corporations	
	Address City/State and Zip Code ss: (to be used for future annual report notification) e call:

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5215 Investments LLC	
(Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company were filed on April 8, 2020 Florida document number L20000099430	and assigned
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 "!	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u></u>
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, <u>en</u> agent and/or the new registered office address here:	ter the name of the new registere
Name of New Registered Agent:	N - 10
New Registered Office Address:	2) 72 P
Enter Florida street ado	iress
·,	Florida
City·	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 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
AMBR	Arianna Becker	1898 Meeting PI	□Add
		Orlando. FL 32814	■Remove
			Change
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