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COVER LETTER

:O: Registration Section **Division of Corporations**

GUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sarah Geltz, Esq.		
		Name of Person	
	Kendrick Law Group		
		Firm/Company	
	630 N. Wymore Rd., Suite	370	
		Address	
	Maitland, FL 32751		
	-	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
		at ()	
Name o	f Person	at () Area Code - Daytimo	: Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing 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 tadditional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1436 MANCHESTER STREET, LLC

25238c. -9 Pil 5: 52

(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 1.20000108683	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
Fatan and mailing address if applicables	9 E Yale St
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32804
Truing dimess will 1927 1 931 31 1 1 2 3 5 7	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	nddress on our records, <u>enter the name of the new registered</u>
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and or or ovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	<u>Address</u>	2010 S.F9 PW 5: 52	Type of Action
				□Add
				□Remove
				□Change
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fective date, if other than the effective date is listed, the date in ote: If the date inserted in this iscument's effective date on the	ust be specific and cannot be prior to block does not meet the applicab	date of filing or more than 90 le statutory filing requirer	(optional) days after filing.) Pursua nents, this date will no	nt to 605.0207 (t be listed as th
ecord specifies a delayed effect is filed.	ive date, but not an effective time	e, at 12:01 a.m. on the ear	lier of: (b) The 90th o	lay after the
ned Stotember	3 . 2020	. 2 11		
	Signature of a member or authorize	CLUM ced representative of a memb	er	
		SPHZ name of signee		