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## **COVER LETTER**

Registration Section ľO: **Division of Corporations** 

6	14	TH	HN	DE	RR	IRD.	TRAI	L. LLC

OBJECT:	Name of Lim	ited Liability Company	<del></del>	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
lease 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		
	<u> </u>	Address	<del>_</del>	
	Maitland, FL 32751			
	<del> </del>	City/State and Zip Code		
	E-mail address: (	to be used for future annual report notif	ication)	
or further information c	oncerning this matter, please ca	all:		
		at () Area Code Daytime		
Name o	f Person	Area Code Daytime	Telephone Number	
nclosed is a check for the	he 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 (additional 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

2020 SE. -9 PH 5: 54

644 THUNDERBIRD TRAIL, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited Liability Company orida document number	were filed on	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
e new name must be distinguishable and contain the words "Limited Liabit	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
iter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:	9 E Yale St	
Tailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32804	
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	address on our records, <u>enter the</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	da
	City	Zip Code

### w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability npany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

AGR = Manager AMBR = Authorized Member

<u>l'itle</u>	Name	Address 2020 St 9 PH 5: 54	Type of Action
			□Remove
			□Change
			□Add
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of e:  If the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records.	f filing or more than 90 days afte	onal) r filing.) Pursuant to 605.0207 (3 s date will not be listed as th
cord specifies a delayed effective date, but not an effective time, at 1 s filed.	2:01 a.m. on the earlier of: (b	b) The 90th day after the
ed September 3. 2020.		
Signature of a member or authorized rep	presentative of a member	
Orah M. Gelt	Z of signer	