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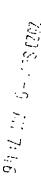
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## **COVER LETTER**

то:	Registration So Division of Cor				
	304 WEST	PRINCETON STREET, LLC			
SUBJI	ECT:	Name of Lim	ited Liability Company		
The en	closed 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 noti	itication)	
For tur	ther information c	oncerning this matter, please ca	all:		
			at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclos	ed is a check for th	ne following amount:			
<b>■</b> \$2	5.00 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

304 WEST PRINCETON STREET, LLC

2020 SIT -9 AN 7: 46

( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compani Florida document number	ny were filed on and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ibility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility 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:	9 E Yale St		
Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32804		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the name of the new registe		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Florida Zip Code		
	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:

or remov	ed from our records:	
MGR =	Manager	
AMBR =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address	2020 SE -9 AM 7: 46	Type of Action
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effective date is fisted, the e: If the date inserted i	date must be specific and can n this block does not meet	mot be prior to date of fili the applicable statuto	ng or more than 90 days after rv-filing requirements, th	er filing.) Pursuant to 605.02 his date will not be listed.
iment's effective date of	on the Department of State	's records.	y ming responding to	ns date with the be fisted.
ord specifies a delayed	effective date, but not an	effective time, at 12:01	a.m. on the earlier of: (	b) The 90th day after th
filed.				
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