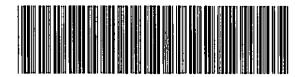
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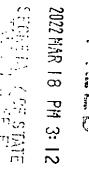
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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Y. SCOTT MAR 2 6 2022

COVER LETTER

	sistration Serision of Cor										
SUBJECT:	906 North I										
SUBJECT:											
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.								
Please return	all correspo	ndence concerning this matter	to the following:								
		John and Carolyn Stanton									
			Name of Person		_						
		 	Firm/Company		_						
		701 S Olive Ave # 612	. ,		2022 KAR 18 \$ EQUATION	**					
			Address		#N 18	; -					
		West Palm Beach, FL 334			P.K						
		familystanton@gmail.com	City/State and Zip Code		PH 3: 12	G					
For further i	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report no	itification)	, Lil IO						
Carolyn Star		, manual product	732 492-5520								
	Name o	f Person	Area Code Daytii	me Telephone Numb	er						
Enclosed is a	a check for th	ne following amount:									
☑ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & Copy is enclosed						
	iling Addres gistration S		Street Address: Registration S	ection							
	_	orporations	Division of Co								
	D. Box 632	-	The Centre of Tallahassee								
Tal	llahassee, I	TL 32314	2415 N. Monroe Street, Suite 810								

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

906 North L Street, LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	Company were filed on May 04, 2020 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
TCP 611, LLC	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	701 S. Olive Ave
Principal office address MUST BE A STREET ADDR	RESS) # 612 - 465 - 23
	West Palm Beach, FL 33401
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	701 S. Olive Ave
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	i office address on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address: 701 S.	Olive Ave #612 Enter Florida street address
Marie D	Calm Reach 33401

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.

City

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
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			□ Remove
			☐Change
			□Add
			Remove 2 HAR Change 8 PH 3: Remove
			Nemove □ Remove
			☐ Change
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effectiv	e date is liste	d, the dat	e must be s	pecific an	d cannot b	e prior to	date of fi	ling or m	ore than 9	0 days a	fter filing.) Pursuai	nt to 605.020
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cord spe	ecifies a del	laved eff	ective dat	e, but no	t an effe	ctive tim	e, at 12:0) l a.m. «	on the ea	rlier of:	(b) Th	e 90th c	lav after the
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Typed or printed name of signee