L20000 137693

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



000345648310

06/04/20--01005--022 **30.00

SECRETARY OF STATE
SECRETARY OF STATE

חבור בים החדם

COVER LETTER

| Division of Cor | | | |
|-------------------------------|---|--|--|
| SUBJECT: SCh | ool Street | ted Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter t | o the following: | |
| | Garth Sch | Name of Person | |
| | Anthologic | W. C. DBA. GOV | Mth Schweizer & A |
| | P.O. BOX 4 | 71206 Address | |
| | Lake Mon | VOC F. L. 3a | 141 |
| | accouting | o be used for future annual report notif | - lication) |
| For further information c | oncerning this matter, please ca | 11: | |
| Anouson e | e Manivanh | at (<u>407</u>) <u>321–</u> Area Code Daytimo | 2286 e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| □ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration 5 | | <u>Street Address:</u> Registration Sec | ction |

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

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

School Street III LLC
(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 Con Florida document number 120001371693 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited | FILL AHAS |
|---|--|
| The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES) | Heaptility Company." the designation "L.C." 4015 School Street 1 SSS) Scynford F. L. 32771 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | P.O. BOX 471206 Lake Monroe F.L 32747 |
| B. If amending the registered agent and/or registered o agent and/or the new registered office address here: | ffice address on our records, <u>enter the name of the new registered</u> |
| New Registered Office Address: 575 | Sone Manivanh N. Elder Road Enter Florida street address Sord City: Florida 32771 Zip Code |
| New Registered Agent's Signature, if changing Registered A | ., . |
| provisions of all statutes relative to the proper and com accept the obligations of my position as registered ager | d agree to act in this capacity. I further agree to comply with the uplete performance of my dutics, and I am familiar with and not as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability |
| (- | H-Changing Registered Agent, Signature of New Registered Agent |

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> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
| | | | DAdd |
| | | | [] Remove |
| | | | □ Change |
| | | | |
| · | | | □Remove |
| | | | □ Change |
| | | | SE DRETA |
| • | | | Remove : |
| | | | SEE. F. C. |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | ☐(hange |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| | | | , | | | | | |
|---------------------------|---|----------------|-----------------|-----------------|-----------------|--|------------------|--------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | _ | | |
| | | | | • | | | | |
| | | | | | | | | |
| | | | | | | ့် (PT) | 2020 | |
| | | | | . <u></u> | · | | _ਰੂ_ _ਰੂ_ | |
| | | | | | | <u>~~~</u> \$\$ | | _= |
| | | | <u></u> | | | Y OF | 3 | - [-7] |
| | | ··· | | | | S. F. S. | _ = _ | O |
| | | | | | | THE STATE OF THE S | <u> </u> | |
| | | | | | | | | <u>.</u> |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | other than the | | | | | (optional) | | |
| <u>te:</u> If the date in | isted, the date must ascrted in this blo | ock does not m | neet the applic | able statutory | | | | |
| cument's effectiv | re date on the De | partment of S | tate's records | , | | | | |
| cord specifies a | delayed effective | date, but not | an effective t | ime, at 12:01 a | a.m. on the ear | ier of: (b) The | 90th day | after the |
| s filed. | | | | | | | | |
| ed Jone | \mathbf{a} | | <u> 202 C</u> |) | | | | |
| | | | 7. 6 % | 0 | _ | | | |
| | | | / 🕶 😕 | | <u> </u> | | | |

Filing Fee: \$25.00