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

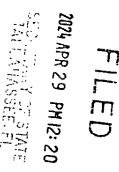




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04/29/24--61018--020 **25.00



COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
91 ONEH	DA LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
	condence concerning this matter		
	Michael Polito		
		Name of Person	1337-11-11-1
	All Aboard Properties		
		Firm/Company	
	5111 S. Ridgewood Avenu	ue, Suite 201	
		Address	
	Port Orange, FL 32127		
		City/State and Zip Code	
	mpolito@goallaboard.com		
		to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Michael Polito		386 236-1946	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
	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 Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Co The Centre of The Centre	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

91 ONEIDA LLC		
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 05/06/2020	and assigned
Florida document number L20000143256	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
2616 ATLANTIC LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	2024
		<u> </u>
		20
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
manage military 1001 01 11ch 1000		
B. If amending the registered agent and/or registered	d office address on our records, enter the	e name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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f an effective date	if other than the is listed, the date mu e inserted in this bl ctive date on the D	st be specific and ock does not m	cannot be prior teet the applic	able statutory fi	iling requireme	nts, this date w	Pursuant to 605.020 ill not be listed a
vote: If the dat		e date, but not	an effective ti	me, at 12:01 a.s	m. on the earlie	r of: (b) The	90th day after the
Note: If the day	s a delayed effectiv	.,					
locument's effe		·	2024				
locument's effective record specified is filed.		·	2024	prized representat	ive of a member		

Filing Fee: \$25.00