L20000153660

(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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SECRETARY OF STATE

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LLC Amena.

AUG 1 9 2021

D COMMELL

August 14, 2021

CYNTHIA M LYBRAND 728 CANAL ST NEW SMYRNA, FL 32168-6903

SUBJECT: 4370 ABBOTT AVE LLC

Ref. Number: L20000153660

We have received your document for 4370 ABBOTT AVE LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Letter Number: 421A00019428

Deborah Bruce Corporate Records Supervisor II

www.sunbiz.org

COVER LETTER

TO:

	Registration Sec Division of Corp				
a	-	TT AVE LLC			
SUBJEC	Γ;	Name of Limit	ed Liability Company		-
The enclo	sed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please ret	um all correspo	ndence concerning this matter t	o the following:		
		CYNTHIA LYBRAND			
			Name of Person		
		C M LYBRAND & CO. LI	.C		
			Firm/Company		
		728 CANAL STREET			_
			Address		
		NEW SMYRNA BEACH,	FL 32168-6903		
		<u> </u>	City/State and Zip Code		
		LYBRAND@CFL.RR.COM	A o be used for future annual re	enort notification)	_
For Comb	au information o	E-mail address: () oncerning this matter, please ca		cport normeunon,	
		oncerning this matter, preuse at		-2315	
CYNTH	IA LYBRAND		at ()	Daytime Telephone Nur	mber -
	Name o	f Person	Area Code	Daytime Telephone Nui	noci
Enclosed	l is a check for t	he following amount:			
□ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certi	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
	Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Division The Cen	Idress: ation Section of Corporations atre of Tallahassee Monroe Street, Sui	ite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4370 ABBOTT AVE LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records,) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on JUNE 5, 2020	and assigned
Florida document number L20000153660	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	13 ()
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Tymeipar office unaress most be ASTREET ADDR		SS SS
		[Park
		Fig.
Enter new mailing address, if applicable:		- 22 3 3
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	ne name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	T31	. ž. s
	Ciny , Flor	ida 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 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>	Name	Address	Type of Action
MGR	WALTER H MILLER	90 E CRISAFULLI RD	B Add
		MERRITT ISLAND, FL 32953	□ Remove
			Change
			DAdd
			□Remove
			Change
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□ Add
			□ Remove
			□Change
		_	□Add
			□Remove
			Change

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ffective date, if other that an effective date is listed, the date: If the date inserted in socument's effective date on	te must be specific ar his block does not	nd cannot be prior meet the applic	to date of filing or mable statutory filin	(option ore than 90 days after the grequirements, this	iling.) Pursuant to 605.0207
record specifies a delayed ef d is filed.	Fective date, but no	ot an effective ti	me, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
AUGUST 18		2021	<u> </u>		
-					
	J. J. a) member or author	orized representative	of a member	

Filing Fee: \$25.00