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	PICK U	UP: 09/18/2020
	CERTIFIED COPY	
xx	РНОТОСОРУ	
	CUS	
xx	FILING	AMENDMENT
l .	329 E. Main, LLC	There are
	(CORPORATE NAME AND DOCUME	ENI#)
2.	(CORPORATE NAME AND DOCUME	NT#)
3.	(CORPORATE NAME AND DOCUME	ENT #)
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SPECIA NSTRU	L JCTIONS:	

COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
329 E. Ma			
SUBJECT:		nited Liability Company	
The anclosed Articles o	f Amendment and fee(s) are sub	smitted for filing	
	ondence concerning this matter	_	
	David Henderson		
		Name of Person	
	329 E. Main, LLC		
		Firm/Company	
	P.O. Box 2955		
		Address	
	Lakeland, FL 33806		
		City/State and Zip Code	
	dh@hendersonpropertiesllo	com to be used for future annual report no	tification)
For further information	concerning this matter, please c	•	
David Henderson		863 682-2000	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 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		Street Address:	
Registration Division of (Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2000 18 PN 3:21

329 E. Main, LLC

(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears on o Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Company were filed on 06/08/2020 and ass Florida document number L20000155414				
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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: (Mailing address MAY BE A POST OFFICE BOX)				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."		
The Articles of Organization for this Limited Liability Company Florida document number L20000155414 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	329 E. Main Street	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)	Lakeland, Florida 33801			
B. If amending the registered agent and/or registered office a	address on our record	s, enter the name of the new regist		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: Name of New Registered Agent:				
	submitted to amend the following: ame, enter the new name of the limited liability company here: distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L. all offices address, if applicable: address MUST BE A STREET ADDRESS) address, if applicable: Lakeland, Florida 33801 address, if applicable: MAY BE A POST OFFICE BOX) e registered agent and/or registered office address on our records, enter the name of the new ew registered Agent: Stered Office Address: Enter Florida street address Florida			
If amending name, enter the new name of the limited limited limited limited limited new name must be distinguishable and contain the words "Limited Limiter new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: It is a possible in the second of the new registered agent and/or registered office at and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address			
		, Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre	ee to act in this capac	ity. I further agree to comply with		

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Add
			Remove
			□Remove
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