120000165228

	(Requestor's Name)
	(Address)
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	(Business Entity Name)
	(Document Number)
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SECRETARY OF STATE

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COVER LETTER

Division of Cor			
SUBJECT: 160	02 Abaco DR	G4 LLC	
· · · · · ·	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Milagros	Name of Person	
	48 HENDR	Firm/Company C C S S E Address	# 302
	Ft Lander	Address 2 do 1E fl City/State and Zip Code 140 TmaiL.cur	33301
	Mill Gilly @ E-mail address: (1	Ifo Tmail.cw to be used for future annual repo	rt notification)
For further information c	oncerning this matter, please ca	all:	
Louis TRIll	0	at (908) 8	12 1980
Name o	f Person	Area Code E	Oaytime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: 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**

1602 Abaco UR G	14 CCC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L20000 165228</u>	y were filed on $\frac{6}{15}/2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	pility 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)	202.
Enter new mailing address, if applicable:	AUG -4 AM
(Mailing address MAY BE A POST OFFICE BOX)	8. C
agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:OUIS	ENDRICKS 151e #302 Enter Florida street address AND ENDRICKS 151e #302 Enter Florida Street address AND ENDRICKS 151e #302 Enter Florida 33301 Zip Code
New Registered Office Address: 48 H	ENDRICKS ISIE #302 Enter Florida street address
FORT L	AUDENDOTE Florida 33301
New Registered Agent's Signature, if changing Registered Agen	

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>	<u>Name</u>	Address	Type of Action
			🗀 Add
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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Note: If the date	f other than the date is listed, the date must be sp inserted in this block do tive date on the Departn	es not meet the	applicable statuto	ing or more than 90 day ry filing requiremen	(optional) s after filing.) Pursus ts, this date will no	ant to 605.0207 of be listed as
he record specifies ord is filed.	a delayed effective date	, but not an effec	etive time, at 12:0	l a.m. on the earlier	of: (b) The 90th	day after the
Dated JV	/y 3/	20	23			
Dated	1111	a* .				
Dated	Jhlaon Sidna	O Suli	or authorized repres	entative of a member		

Filing Fee: \$25.00