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





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## **COVER LETTER**

то:	Registration Sec Division of Corp	ction . corations	•		
	ซ Six Pack Re	al Estate Holdings LLC			
SUBJE	СТ:	Name of Limi	ted Liability Company		
The end	losed Articles of a	Amendment and fee(s) are subr	nitted for filing.		
Please r	eturn all correspo	ndence concerning this matter t	to the following:		
•		Lnda Binns Liles, Parlegal			
			Name of Person		
•		ThompsonMcMullan PC			
			Firm/Company		<del>.</del>
		100 Shockoe Slip 3rd Floor			
			Address		
		Richmond, VA 23219			
			City/State and Zip Code		
		lliles@t-mlaw.com	o be used for future annual re		
For furt	her information c	n-man address; (concerning this matter, please ea		port notification)	
	3inns Liles	oneoning and matter, preude of		6823	
	Name o	f Person	at () Area Code	Daytime Telepho	one Number
Enclose	ed is a check for th	ne following amount:			
□ S2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 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

235 99 FH 2: 13

Six Pack Real Estate Holdings LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L200000170198	were filed on June 18, 2020 and assigned		
This, amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1560 Lenox Avenue. Suite 203		
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL 33139		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	Miami Beach, FL 33139  address on our records, enter the name of the new register		
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

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
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			□Remove
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			Remove
			□Add
			□Remove
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ffective date, if oth	er than the date of	June 19, 20		(option	ial)
an effective date is listed	, the date must be speci	ific and cannot be prio		more than 90 days after fi	ling.) Pursuant to 605,0207 date will not be listed as (
ocument's effective d				ng requirements, this t	pate will not be fisted as t
record specifies a dela Lis filed.	iyed effective date, b	ut not an effective	time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
3 13 11100.					
June 25 Pated		2020	·		
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Hu	eda Dinin	A 1.0.			
	Signatur	re of a member or aut	horized representativ	re of a member	<del>.</del>
Linda Binn		re of a member or aut	horized representativ	re of a member	

•

Filing Fee: \$25.00