L20000173995

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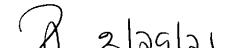




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COVER LETTER

TO: Registration S Division of Co		,
CUDIFCT.	1575 47th A	IVE N LLC
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.
Please return all corresp	oondence concerning this matter	to the following:
		Anthony Mullersman
		Name of Person
	R	-E Squared Development Luc Firm/Company
	1200 5th Street South	
		Address
	Saint Petersburg, Florida 3	3701
	tony,mullersman@gmail.co	City/State and Zip Code
	· -	to be used for future annual report notification)
For further information	concerning this matter, please c	all:
Anthony Mullersman		352 281-5441 at ()
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enc
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	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

1-OF LOTU NIC NI 111

15 TO UTTH AVE IV L	<u> </u>
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
he Articles of Organization for this Limited Liability Company were filed on <u>June 12, 202</u> dorida document number <u>L2000173995</u> .	and assigned
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Aailing address MAY BE A POST OFFICE BOX)	
	CAL
. If amending the registered agent and/or registered office address on our records, <u>enter the na</u> gent and/or the new registered office <u>address here</u> :	ime of the new regist
en many me nor regularity and a second secon	1.3
Name of New Registered Agent:	
Name of New Negistered Agent.	= = = = = = = = = = = = = = = = = = = =
New Registered Office Address: Enter Florida street address	
	()3 7 7
Florida City	Zip Code
City	

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>	Name	Address	Type of Action
AMBR	Michael Griffith	3925 DR. MARTIN LUTHER KING JR. ST. N	□Add
		ST. PETERSBURG, FL 33703	= Remove
			□Change
AMBR	Daniel Griffith	2059 PINE CLIFF RD	🗆 Add
		STATE COLLEGE, PA 16801	= Remove
			□Change
			□ Add
			□Remove
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Note: If the date	other than the date listed, the date must be spinserted in this block dive date on the Departi	loes not meet the app	plicable statutory fili	nore than 90 days after ng requirements, th	onal) r filing.) Pursuant to 605.02 is date will not be listed
record specifies I is filed.	i delayed effective date	e, but not an effectiv	e time, at 12:01 a.m	, on the earlier of; (I	o) The 90th day after the
		·	·		
ated	<u>-</u> .		//////	2	
Dated	Sign	ature of a member or a	uthorized representative	ve of a member	