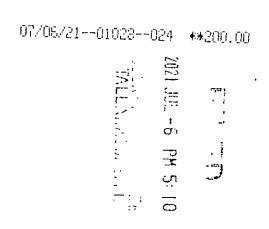
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	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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n RRUCE JUL 25 2021

COVER LETTER

TO: Registration So Division of Cor	rporations		
SUBJECT:	AMI TRAIL N LLC Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOHN N ESQUIRE		
		Name of Person	
	FORSYTH BRUGGER		
		Firm/Company	
	600 5TH AVE SOUTH SU	JITE 207	
		Address	
	NAPLES, FL 34102		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	
REGINA SPICER		239 331-7940	∵ 🗫
Name o	f Person	at () Area Code Daytime Telepho	one Number A JUL
Enclosed is a check for the	he 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

670 TAMIAMI TRAIL N LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L20000183884	ipany were filed on 7/8/20	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· · · =
3. If amending the registered agent and/or registered of	ffice address on our records, <u>enter the n</u>	ame of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		2.0
New Registered Office Address:		
	Enter Florida street address	
	, Florida	<u> </u>
	City	Zip Code Q
iew Registered Agent's Signature, if changing Registered Ag	gent:	ं ज

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>	<u>Name</u>	Address	Type of Action
MGR	ANDREW SMITH	990 IST AVE NAPLES FL 34102	
			□ Remove
			Change
			□ Add
			Remove
			□ Change
			□Add
			□ Remove
			□Change
			□ Add OT 202 IAT □ Remove 7
			□Change
			
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ffective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a source: If the date inserted in this block does not meet the applicable statutory filing requirements, occument's effective date on the Department of State's records.	pptional) after fiting.) Pursua , this date will no	.nt to 605.0 It be listed	(207 (3)() I as the
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of its filed.	f: (b) The 90th	day after t	:he
ated			
Signature of a member or authorized representative of a member John N. Brugger Typed or printed name of signee			

Filing Fee: \$25.00