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(Re	questor's Name)	
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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	680 Tamiami	Trail N LLC		
-	Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	JOHN N ESQUIRE			
		Name of Person		-
	FORSYTH BRUGGER			
	 	Firm/Company		20
	600 5TH AVE SOUTH ST	JITE 207		21 JU
	-	Address		
	NAPLES FL 34102			2021 JUL -6 PM
	-	City/State and Zip Code		ं यं
	E-mail address: (to be used for future annual report notif	ication)	
For further information c	concerning this matter, please c	all:		
Regian Sp	siler_	at (_239) _ -7 33	1940	
Name o	f Person		Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Addres Registration S	Section	Street Address: Registration Sec	tion	
Division of C P.O. Box 632	•	Division of Corp The Centre of Ta		
1.0.000.004	1	The Centre Of Ta	manassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

680 TAMIAMI TRAIL N LLC		
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{7/86}{2}$ Florida document number $\frac{L20000184332}{L20000184332}$.	20 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the de Enter new principal offices address, if applicable:	signation "LLC" or the abbreviation "L.L.C."	_
(Principal office address MUST BE A STREET ADDRESS)	20	_
	21 . IAL	
	Ţ <u></u>	
Enter new mailing address, if applicable:	-6	-A
(Mailing address MAY BE A POST OFFICE BOX)	· 2	-
	: છા	7
		_
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	cords, enter the name of the new registo	<u>ered</u>
agent and/or the new registered office address here:		
Name of New Registered Agent:		_
New Registered Office Address:		_
Enter Florid	la street address	
	, Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	ANDREW SMITH	990 1ST AVE NAPLES FL 34102	🗐 Add
			□ Remove
			Change
			□Remove
			Change
			□ Add 282 □ Remove
			□ Change
			☐ Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change

<u></u>

Filing Fee: \$25.00