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A CONTRACTOR OF CONTRACTOR OF

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2020 AUG 12 PM11: 54

COVER LETTER

Tallahassee, FL 32314

TO: Registration 9 Division of Co			
SUBJECT:	1522 TRUMBU	LL ST LLC	
		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Clau	dio A Dominguez Name of Person	<u>Ļ</u>
		Firm/Company	
	2052 B	earing Lane Unddress	
	<u>Kissimue</u> Claudioc	City/State and Zip Code City/State and Zip Code Code	
For further information	concerning this matter, please ca		ication)
Koraly Name	of Person	at (407) 922-0 Area Code Daytime	1073 Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of		Street Address: Registration Sec Division of Corp	
P.O. Box 63	=	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1524 /Ri	DMBULL ST LLC		
(<u>Name of the Limited</u> (?	Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Lial Florida document number <u>∠20002113</u> . This amendment is submitted to amend the follow	<u>89</u> .	07/20/2020	and assigned
A. If amending name, enter the new name of t	he limited liability company he	ne:	
	DOMSBURY DR.		型。 i U
The new name must be distinguishable and contain the wor			abbreviation L.L.C."
Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	- · · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u> </u>		
B. If amending the registered agent and/or regagent and/or the new registered office address		cords, <u>enter the nar</u>	me of the new registered
Name of New Registered Agent: New Registered Office Address:	Koralyss Dom 2052 Bearing	Lane 100	
	: J	da street address, Florida	34744 Zip Code
	•		•

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 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	Membe

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
 = .			□Add
		 	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change

ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	
ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
10th day of August 2020	
Signature of a member or authorized representative of a member	
Chart A Days	
,	