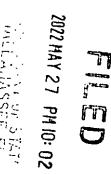
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(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ime)
(Do	cument Number	·)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
	5	18/2



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Office Use Only

COVER LETTER

TO:

TO: Registration So Division of Cor			
	EST 200, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Camelia Ostrowski		
		Name of Person	
	Albatros 71, inc		
		Firm/Company	
	35 SLEEPY HOLLOW D	R	
		Address	
	ASHVILLE, NC 28805		
		City/State and Zip Code	
	info@albatros71.com		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Camelia Ostrowski		1 786-493-99	
Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration 5		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SOUTH WEST 200, LLC

2022 MAY 27 PM 10: 02

	ited Liability Company as it now appears on (A Florida Limited Liability Company)	MILLAHASSEE AT
The Articles of Organization for this Limited		
Florida document number 1.20000224830		
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
Enter new mailing address, if applicable:	registered office address on our recor	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u> B. If amending the registered agent and/or	registered office address on our recor	ds, enter the name of the new reg
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our recoress here:	ds, enter the name of the new reg
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addrese Name of New Registered Agent:	registered office address on our recoress here: 1342 NW 84 AVE Enter Florida se	ds, enter the name of the new reg
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addrese Name of New Registered Agent:	registered office address on our recoress here: 1342 NW 84 AVE Enter Florida se	ds, enter the name of the new reg

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
			□ Add
-			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Петоче
			□Change
			□ Add
			□Remove
			□Change
			□ Всшюче
			□Change
			□Add
			[]Remove
			□ Change

L ALBATROS 71, INC	
ADDRESS: 35 SLEEPY	HOLLOW DR, ASHVILLE, NC 28805
2. OSTROWSKI, CAME	EDIA
ADDRESS: 35 SLEEPY I	HOLLOW DR, ASHVILLE, NC 28805
If the date inserted in this	the date of filing:
rd specifies a delayed effectiled.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af
MAY 18	2022