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COVER LETTER

Registration Section

Division of Corporations

TO:

	Avenue Panama City FL LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	Lexis Gibson		
		Name of Person	
	Robinson Franzman LLP		
		Firm/Company	
	191 Peachtree Street, Suite	2510	_
		Address	
	Atlanta, Georgia 30303		
		City/State and Zip Code	·
	lexis@rfllplaw.com		
	E-mail address: ()	to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
Todd Robinson		404 255-2503 at ()	
Name	of Person	Area Code Daytime	: 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

723 Berhe Avenue Panama City FL LLC

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If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.20000233575	were filed on August 4, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
719 Berthe Avenue Panama City FL LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2180 Enclave Mill Drive
(Principal office address MUST BE A STREET ADDRESS)	Dacula, GA 30019
Enter new mailing address, if applicable:	2180 Enclave Mill Drive
(Mailing address MAY BE A POST OFFICE BOX)	Dacula, GA 30019
training little experience of the control of the co	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: n/a	address on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida stroet address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	provided for in Chapter 605, E.S. Or, if this document is

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
$\Delta MRR =$	Authorized	Member



<u>Title</u>	<u>Name</u>	Address 2028 NOV 25 PM 5: 48	Type of Action
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	nnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (et the applicable statutory filing requirements, this date will not be listed as t
ord specifies a delayed effective date, but not an iled.	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
November 23	<u>2020</u> .
Lexi Gibson Signature of a mer	mber or authorized representative of a member
Lexis Gibson	
	sped or printed name of signee