L20000269314

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COVER LETTER

Div	ision of Corpo	orations	_		
SUBJECT:	231 Gilchrist	LLC			
SUBJECT:	,	Name of Lin	nited Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return	all correspond	dence concerning this matter	to the following:		
		Megan Harlow			
			Name of Person		
			Firm/Company		
		1301 N. Ogden St. Apt 5			
			Address		
		Denver, CO 80218			
		megan.f.harlow@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual	report notification)	_
For further in	formation con	cerning this matter, please c	all:		
Megan Harlo)W		860 96 at ()	1-1781	
	Name of P	erson	Area Code	Daytime Teleph	one Number
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
<u>Mail</u>	ling Address:		Street Ac	ddress:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

TO:

Registration Section

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

231 Gilchrist LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number _____ 1.20000269314 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 241 Gilchrist LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida 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.

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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fective date, if other than the d	ls4660			
Mective date, if other than the d an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Dep	be specific and cannot be price ck does not meet the appli	cable statutory filing	(optional) to than 90 days after filing requirements, this date) Pursuant to 605.0207 (3)(will not be listed as the
record specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) Th	e 90th day after the
September 9 ited	2020			
Megan	Harlow ignature of a member or auth			
S	ignature of a member or auth	norized representative o	a member	 -