Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220000399593)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6353

From:

Account Name : LEGALZOOM.COM INC.

Account Number: 120010000362 Prone: (323)962-8600 Fax Number: (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SIXTH AND PARK LLC

Certificate of Status 0 1 Certified Copy 05 Page Count \$55.00 Estimated Charge

Çņ

Electronic Filing Menu Corporate Filing Menu

Help

K. SALY

FEB - 1 2022

TO:

Page: 3 of 6

Registration Section

COVER LETTER

| Division of Cor | porations | | |
|----------------------------|---|---|--|
| ••••• | ID PARK LLC | | |
| SUBJECT: | Name of Limi | ted Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | nitted for filing. | |
| Please return all correspo | ondence concerning this matter t | to the following: | |
| | Cheyenne Moseley | | |
| | | Name of Person | |
| | Legalzoom.com, Inc. | | |
| | | Firm/Company | |
| | 101 N Brand Blvd 11th Fi | | |
| | | Address | |
| | Glendale, CA 91203 | | |
| | | City/State and Zip Code | |
| | tiifanywalter37@gmail.com | | |
| | E-mail address: (1 | to be used for finine annual report notifi | (cation) |
| For further information of | concerning this matter, please ca | all: | |
| Cheyenne Moseley | | 800) 773-0888 at () | |
| Name (| of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he 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) |
| Matt | INC ADDRESS. | \$TREET/COURT | FR ADDRESS: |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEL 2022 JAN 31 PM 5: 16

SIXTH AND PARK LLC

Page: 4 of 6

(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 Con Florida document number L20000290974 | mpany were filed on and assigned and assigned |
|---|---|
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limite | d liability company here: |
| The new name must be distinguishable and contain the words "Limite | d Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registe registered agent and/or the new registered office addre Name of New Registered Agent: | red office address on our records, <u>enter the name of the n</u> ss here: |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | Cny Znp Code |
| New Registered Agent's Signature, if changing Registered a | 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

From; Sylvie Pault

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

Page: 5 of 6

| Title | Name | Address | Type of Action |
|--------|--------------------------|---|-------------------------------------|
| AMBR | YOUNG, ALEAH M | | |
| | | 2559 COLD STREAM LANE GREEN COVE SPRINGS, FL 32043 | ■ Remove |
| | | | Change |
| AMBR | WALTER, ALLEN X | | Add |
| | | 2559 COLD STREAM LANE GREEN COVE SPRINGS, FL 32043 | ■ Remove |
| | | | ☐ Change |
| AMBR | TUCKER, DAMIAN A | | Add |
| | | 2559 COLD STREAM LANE GREEN COVE SPRINGS, FL 32043 | ■ Remove |
| | | | Change |
| Member | Griffin, Courtney Nicole | | |
| | | 2559 COLD STREAM LANE GREEN COVE SPRINGS, FL 32043 | ■ Remove |
| | | | Change |
| | | | |
| | | | AH Reasove |
| | | | Readove SSC Change Change CONTO Add |
| | | | Remove |
| | | | ☐ Change |

Page: 6 of 6

| _ | |
|-------------|--|
| | |
| _ | |
| - | |
| _ | |
| | 元 至 |
| - | |
| - | |
| _ | |
| | to the state of th |
| - | |
| - | |
| | |
| • | |
| • | |
| | |
| | |
| • | |
| | |
| | |
| | |
| | |
| inte: | ive date, if other than the date of filing: |
| e re The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| ated | Occurrency 24. 2022. Mountaine of a member or authorized representative of a member |
| | Tiffany Marie Walter |
| | LIEUWING AND TERE AND MICH |

Page 3 of 3

Filing Fee: \$25.00