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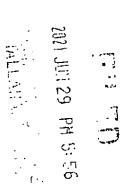
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## COVER LETTER 9

7080 May	field LLC		
THE LEADER			· · · · · · · · · · · · · · · · · · ·
	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
lease return all corresp	ondence concerning this matter	to the following:	
	Nancy Gunderman		
		Name of Person	
	•	Firm/Company	<del></del>
	11337 Fredrica Ave		
		Address	
	ENglewood FL 34224		
	nancyb1313@gmail.com	City/State and Zip Code	
		to be used for future annual report notif	ication)
or further information o	concerning this matter, please e	all:	: 53
Nancy Gunderman		941 830-0288 at ( )	Telephone Number
Name o	f Person	Area Code Daytime	·
inclosed is a check for ti	he following amount:		
■ \$25.00 Fiting Fce	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Crificate of Status Certified Copy (additional copy is enclosed)

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

Street Address: 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

7080 Mayfield 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 9/20/2020 \_\_\_\_ and assigned Florida document number \_\_\_\_\_\_\_L20000300825 This amendment is submitted to amend the following: 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 designation "LLC" or the abbreviation "L.L.C." 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 City

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
ambr	Nancy E Steneck	1433 Kingfisher Dr	
		Englewood FL 34334	□ Remove
			Change
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Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than ote:  If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the case is filed.	carlier of: (b) The 90th day after the
April 26. 2021	
Signature of a member or authorized representative of a me	

Filing Fee: \$25.00