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(Requestor's Name)
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COVER LETTER

TO:	Registration Se Division of Cor			
	Limkin Ho	use LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	Name of Person Firm/Company Cir Address 240 City/State and Zip Code In ddress: (to be used for future annual report notification) please call: 703 200-7975 at () Area Code Daytime Telephone Number	
		David L. Neyland		
			Name of Person	
			Firm/Company	
		900 Kerry Downs Cir		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Melbourne, FL 32940	•	
		neyland@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi-	cation)
		oncerning this matter, please ca		
David 1	_ Neyland		703 200-7975	
	Name o	f Person	at ()	Telephone Number
Enclose	d is a check for the	ne following amount:		
□ \$ 25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

Limkin House LLC		The state of the s
(Name of the Limited Liab	ility Company as it now appears on our records. da Limited Liability Company)	J 75 10 1
(A rion		
The Articles of Organization for this Limited Liability	Company were filed on October 14, 2020	and assign
1.20000324086		
lorida document number	·	. 0
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	mited liability company here:	
impkin House LLC		
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADD</u>	<u> </u>	<u></u>
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or register	end affine address on our records ontar t	ha nama af tha naw ra
gent and/or the new registered agent and/or register		ne name of the new re
gent and/or the new registered office address fiere	•	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flo	
	City	Zip Code

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 1 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person be or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
			
			□ Remove
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Page 2 of 3

Effective date, if other than the date of filing: ((If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:) The 90th day after the record is filled. October 23 2020 Dated David L. Neyland		
Effective date, if other than the date of filing:		
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October 23 Dated Signature of a mortiber or authorized representative of a member	Note: If the c	tate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
Signature of a morphor or authorized representative of a member		
Signature of a month of or authorized representative of a member		
	Dated	Alas No las
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