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TO:

Registration Section

Division of Corporations				
PATRIOT	S LANDING LLC, FLORIDA			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul-	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JANNA J. THOMAS			
		Name of Person		
	PATRIOT'S LANDING F	LORIDA LLC		
	Firm/Company			
	3471 HERMITAGE RD E			
		Address		
	JACKSONVILLE, FL 322	277		
		City/State and Zip Code		
	JANNAJTHOMAS(g YAII E-mail address:)	OO.COM to be used for future annual report no	atification)	
For further information c	oncerning this matter, please c	·	,	
JANNA J. THOMAS		904 553-3048		
Name o	t Person	at () Area Code Dayti	me Telephone Number	
Enclosed is a check for the	ne following amount:			
	-	These on the con-	Fig. 6. o out the least	
■ \$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)	
Mailing Address:		Street Address:	<u>.</u>	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PATRIOT'S LANDING LLC, FLORIDA

(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 11/05/2020		and assigned
Florida document number 1.20000351238			_ ,
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
PATRIOT'S LANDING FLORIDA LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abh	reviation "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 agent and/or the new registered office address here:	iddress on our records, <u>c</u>	enter the name	of the new registered
Name of New Registered Agent:			.
New Registered Office Address:			
	Euter Florida street e	address	Zip Code
		_, Florida	
	Ciţy		Zip Code 🗓
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duti provided for in Chapter	es, and Lam fo 605, F.S. Or,	นท์สีเฉา with and if เหีย document is
company has been notified in writing of this change.			

If Changing Registered Agent, Signature of New Registered Agent

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
			□Add
			□Remove
			□Change
			□Add
			☐Remove
			□Change
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	-		□Add
			□Remove
			FlChange

Typed or printed name of signee