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COVER LETTER

TO: Registration S Division of Co							
1208 Com SUBJECT:	et Ave, LLC						
SUBJECT:	Name of Lin	nited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.					
	ondence concerning this matter	_					
	Amelia H. Beard, Esq.						
		Name of Person		_			
	Clark Partington			2			
		Firm/Company	 _	- 1 2 2 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	_		
1414 County Hwy 283 S., Suite B					••		
		Address		- 計算 5	f.		
	Santa Rosa Beach, Florida	32459		2021 MAR 15 PM 4: 49 SECRETABY OF STATE TALLAHASSEE, FL	j.		
	abeard@clarkpartington.com			TATE 149			
		to be used for future annual report not	ification)				
For further information (concerning this matter, please c	all:					
Amelia H. Beard, Esq.		850 650-3304 at ()					
Name o	of Person		te Telephone Numbe	<u> </u>			
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)	Certifie	cate of Status &			
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Cou The Centre of T	rporations				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1208 Comet Ave, 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 11/16/2020 and assigned Florida document number L20000351850 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 1208 Comet Avenue, 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.

City

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
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ffective date, if of an effective date is lis sote: If the date ins ocument's effective	ted, the date must be s erted in this block (specific and cannot does not meet th	t be prior to date e applicable s	of filing or mor	a than 00 days	ptional) ifter filing.) P this date w	ursuant i ill not b	to 605,0207 e listed as
record specifies a di l is filed.	elayed effective dat	e, but not an effi	ective time, at	12:01 a.m. or	the earlier of	(b) The S	00th day	after the
March	12	202 Ma · L	· //					
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Filing Fee: \$25.00