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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

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

Email Address: documents@incorn

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **40FOURTY4 LLC**

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Page Count	05
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Corporate Filing Menu

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K. SALY

OCT 2 7 2022

## **COVER LETTER**

TO: Registration Se Division of Cor				<b>6 6</b>	
SUBJECT: 40FOUR	TY4 LLC				
SUBJEC1:	Name of Lin	ited Liability Company		<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Wendy Heffey				
		Name of Person		<del></del>	
	InCorp Services, Inc.				
		Firm/Company	<u></u>		
	3773 Howard Hughes Pkwy Suite 500S				
	Address				
	Las Vegas, NV 89169	-6014			
		City/State and Zip Code	<del></del>		
	wendy.hefley@incorp.o	com  to be used for future annual rep	nort notification)	<del></del>	
For further information of	concerning this matter, please c		,		
Wendy Hefley		800-246-2677			
Name o	f Person	Area Code	Daytime Telepho	one Number	
Enclosed is a check for the	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)	
<b>54</b> W 4 S S		Δ			

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

FILEL

ARELAHASSET FLORIO,

**40FOURTY4 LLC** 

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

1	-			
The Articles of Organization for this Limited Liability Com	pany were filed on 12/08/2020	and assigned		
Florida document number <u>L20000382867</u> .	•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	Hiability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "Lf.	.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>ente</u>	r the name of the new registe		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street oddr	ess		
	, T	, Florida		
<del></del>	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 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>	<u>Address</u>	Type of Action
AMBR	Lusia K Donovan	1321 Apopka Airport Rd, Unit 108	□ Add
		Orlando, FL 32712	
			□ Change
AMBR	Aylwin D Donovan	1321 Apopka Airport Rd, Unit 108	□Add
		Orlando, FL 32712	🖪 Rепюче
	Birch Grove Holdings		□Change
AMBR	LLC-Transportation-Series	1910 Thomes Ave	
		Cheyenne, WY 82001	□Remove
			Change Change TALLAHASS
			Remove r
			S Offinge
			□Add
			□Remove
			□Change
<del></del>			□ Add
			□Remove

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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 Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	days after filing.) Pursuant to 605 nents, this date will not be liste	.0207 (3) ed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earord is filed.	lier of: (b) The 90th day after	r the
Dated October 25, 2022  Manual Signature of a member or authorized representative of a member of a mem		
Signature of a member or authorized representative of a mem	er	

Filing Fee: \$25.00

Typed or printed name of signee