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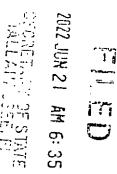
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A. BUTLL -

COVER LETTER

TO:

TO: Registration S Division of Co				
COLUMN TRACKING .	HIGHWAY 1 LLC		•	
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	sed Articles of Amendment and fee(s) are submitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:		
	Roy Mildner			
		Name of Person		
	Mildner & Associates, P.A			
		Firm/Company		
	423 Delaware Avenue			
		Address		
	Fort Pierce, FL 34950			
		City/State and Zip Code		
	afriedman1959@gmail.com			
	E-mail address: (to be used for future annual report no	tification)	
For further information of	concerning this matter, please c	all:		
Roy Mildner		772 464-8008 at ()		
Name (of Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	S30.00 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 Addre		Street Address: Registration So	ection	
Division of C	Corporations	Division of Co	orporations	
P.O. Box 632 Tallahassee,		The Centre of	Tallahassee oe Street, Suite 810	
ганапа5800,	L L J L J L T T	ZHIJIN, MICHIE	or parect, parte org	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUN 21 AM 6: 35

1006 S US HIGHWAY 1 LLC

(Name of the Limited Liability Company as it now appears on our records.) (ETALL ARE STATE

The Articles of Organization for this Limited Liability Co	ompany were filed on December 16, 2020	and assigned		
Florida document number L20000393140		_		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<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	office address on our records, enter the n	ame of the new regis		
agent and/or the new registered office address here:	office address on our records, effect the fi	ane or the new regis		
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Florida street address			
	Florida	, Florida		
	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 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
MGR	Vera Asadulla	184 NW Doreen Street	□Add
		Port St. Luice, FL 34983	■Remove
			[] Change
MGR	Daniel Trosman	2318 Blackbery Road	
		Baltimore, MD 21209	_
			□Change
			□Add
			□Remove
			□Add
			Remove
			(☐Change
		-	\ \ \ \ \
			□Remove
			□Change
			DAdd
			□Remove
			□Change

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