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COVER LETTER

	Registration Sec Division of Corp						
cubic <i>c</i>	140 Linda N	Marie Lane ELC					
SUBJEC	Name of Limited Liability Company						
The enclo	osed Articles of A	Amendment and fee(s) are submitted for filing.					
Please rei	turn all correspor	ndence concerning this matter to the following:					
		James M. Patterson					
		Name of Person					
		140 Linda Marie Lane LLC					
		Firm/Company					
		7544 Woodstream Dr					
		Address					
		Nashville, TN 37221					
		City/State and Zip Code					
		140lindamarielane@gmail.com E-mail address: (to be used for future annual report notification)					
For furth	er information co	oncerning this numer, please call:					
James M	1. Patterson	407 617-7341 at () TPerson Area Code Daytime Telephone Number					
	Name of	f Person Area Code Daytime Telephone Number					
Enclosed	is a check for th	he following amount:					
\$ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status	tus &				

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

140 Linda Marie Lane LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our record I Lability Company)	\overline{r})
The Articles of Organization for this Limited Liability Compar		
Florida document number L21000006538		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	" or the abbreviation "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 offic agent and/or the new registered office address here:	e address on our records, <u>enter</u>	SECKETALL AND SEE, the namerof the new registered to
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	56
	, FI	orida
	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.

amending any other informat	on, enter change(s) here	. «Миаси асатола	апеста, у псесаашу.,	
				
				
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				.
ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the December 1.	t be specific and cannot be prior nck does not meet the applic	to date of filing or more t able statutory filing re	(optional) han 90 days after filing.) Pursi quirements, this date will n	umt to 005 0207 (tot be listed as t
record specifies a delayed effective is filed.	e date, but not an effective ti	me, at 12:01 a.m. on t	he earlier of: (b) The 90tl	day after the
ated August 7	2023			
James 1	Malerson Signature of a member or author	onzol representative al	meinbet	
\mathcal{U}	ътриацие от а тептрег от ацио	unized representative (ii a	rmentra	
James M. Patterson				

Filing Fee: \$25.00