## L21000020425

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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations				
	EMORE DRIVE, LLC	•	•	
SUBJECT: Name of Limited Liability Company				
The coolered Amielsons	Amoustaness and Cortal and such	united for files		
The enclosed Afficies of	Amendment and fee(s) are sub	mitted for friing.		
Please return all correspo	ondence concerning this matter	to the following:		
	KIMBERLY MARENCO			
	A173	Name of Person		
	DIFALCO, FERNANDEZ	& KAPLAN		
		Firm/Company		
	777 BRICKELL AVE., SU	JITE 630		
		Address	<del></del>	
	MIAMI, FL 33131			
		City/State and Zip Code	<del></del>	
	KMARENCO@DFKFIRM			
	E-mail address: (	to be used for future annual report notif	fication)	
For further information c	oncerning this matter, please c	all:		
KIMBERLY MARENCO		305 569-9800 at ()		
Name o	f Person	Area Code Daytimo	e Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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:	vion	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

420 CLAREMORE DRIVE, LLC

2021 JUN - 9 PH 12: Lub

(Name of the Limited Lie (A Fl	ability Company as it now appears on our recorda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number L21000020425	ty Company were filed on 01/07/2021	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
CLAREMORE DRIVE HOLDINGS LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address M <u>UST BE A STREET AL</u>	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address her		ter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
<u> </u>		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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>itle</u>	<u>Name</u>	Address	•	Type of Act
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Effective data if other than the data of Eliman	(antional)
(If an effective date is listed, the date must be specific and can Note: If the date inserted in this block does not meet document's effective date on the Department of State	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(the applicable statutory filing requirements, this date will not be listed as the 's records.
he record specifies a delayed effective date, but not an e ord is filed.	offective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JUNE 7	021
AND AND	
Signature of a memi	ber or authorized representative of a member
GREGORY WELTEROTH, JR.	
Tym	ed or printed name of signee

Filing Fee: \$25.00