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## **COVER LETTER**

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TO:

TO: Registration Division of	n Section Corporations		
	ol Road, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	`
Please return all corre	espondence concerning this matter	to the following:	
	Elisha V Prikryl		
		Name of Person	
	<del></del>	Firm/Company	<del></del>
	1123 Bonnie Lou Drive		
		Address	• )
	Orlando, FL 32809		-1
	N. Charatha Lagra	City/State and Zip Code	,
	lisa@lisaprikryl.com  E-mail address: (	to be used for future annual report notific	ation)
For further information	on concerning this matter, please c	all:	
Elisha V Prikryl		407 497-7163 at ()	در
Nas	ne of Person	Area Code Daytime	Telephone Number
	or the following amount:		
\$25.00 Filing Fe	e \$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)
Division of P.O. Box	on Section of Corporations	Street Address: Registration Section Division of Corporate Centre of Tail 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

60 CAROL ROAD, 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 January 11, 2021 and assigned Florida document number L21000026950 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 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

## 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 Changing Registered Agent, Signature of New Registered Agent

\_\_\_\_\_, Florida \_\_\_\_

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
AMBR	Edward L Prikryl Sr	#4 Oceans West Blvd #504C	□Add
		Daytona Beach Shores, FL 32118	■Remove
			Change
AMBR	Betty J Prikryl	#4 Oceans West Blvd #504C	□ Add
		Daytona Beach Shores, FL 32118	<b>≡</b> Remove
			~; □Change
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Filing Fee: \$25.00