L21000029814

(Re	questor's Name)	
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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration S Division of Co			·
	DSTREET LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	· • · • · •
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CHRIS CATHCART		
		Name of Person	
	CATHCART LAW GRO	UP PA	
		Firm/Company	
	225 S. WESTMONTE DR SUITE 1160		
		Address	
	ALTAMONTE SPRINGS	, FL 32714	
		City/State and Zip Code	
	joann@lawccc.com		
For further information	t-mail address; (concerning this matter, please c	to be used for future annual report notifi all:	cation)
Joann Duncan		407 616-7001	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a cheek for	the 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)
Mailing Addre		Street Address:	tion
Registration Section Division of Corporations		Registration Sectorial Division of Corp	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

650 LANDSTREET LLC		
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)	_
The Articles of Organization for this Limited Liability Company for ida document number L21000029814	were filed on 01-13-2021 and	l assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	hity Company," the designation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:	225 S. WESTMONTE DRIVE SUITE 1160	
Principal office address MUST BE A STREET ADDRESS)	ALTAMONTE SPRINGS, FL 32714	
	-	
Inter new mailing address, if applicable:	225 S. WESTMONTE DRIVE SUITE 1160	
Mailing address MAY BE A POST OFFICE BOX)	ALTAMONTE SPRINGS, FL 32714	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the name of the</u>	new registe
Name of New Registered Agent:		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
New Registered Office Address:		
	Enter Florida street address	<u> </u>
	Florida	ode .
	221/2 < 3	***

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 = N AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		□Change	
			□Add
			□Remove
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(If an eff <u>Note:</u>	ive date, if other than the date of filing: O1/08/2021 (optional)
If the recor record is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	February 3 2021 .
	Signature of a member or authorized representative of a member
	CHRIS CATHCART, MANAGER
	Typed or printed name of signee

Filing Fee: \$25.00