121000048502

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21 HAY 17 PM 3: 56

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company	 , '
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Syna Prasse		
		Name of Person	
		Firm/Company	
	PO BOX 1940		
	New Smyrna Beach Fl 321	Address 70	
		City/State and Zip Code	
	sunbeltlandowners@gmail.e		
		to be used for future annual report noti	ification)
For further information c	oncerning this matter, please c	all:	
Syna Prasse		386 566-2619 at ()	
Name o	f Person	Ārea Code Daytim	ne Telephone Number
Enclosed is a check for th	ne 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 Addres	s:	Street Address:	
Registration S	Section	Registration Se	
Division of C	•	Division of Cor	•
P.O. Box 632	7 FL 32314	The Centre of	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No of the later of

540 Wayne LLC

21 MAY 17 PM 3: 56

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	ly were filed on January 26, 2021J	and assigned
Florida document number L21000048502		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility 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)		
	e address on our records, enter the na	me of the new register
	e address on our records, enter the na	me of the new register
Name of New Registered Agent:		me of the new register
agent and/or the new registered office address here:	Enter Florida street address	me of the new register

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 = Manager AMBR = Authorized Member			Address 21 HAY 17 PM 3: 56 Type o		
<u>Title</u>	Name	Address	21 MAY 17 PM 3: 56	Type of Action	
AMBR	Keith Prasse	540 Wayne Ave	Z1 / I/V	□Add	
				=Remove	
				□ Change	
				□Add	
				□Remove	
				☐ Change	
				□Add	
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		Company of the second
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- -		
<u></u>		
E. Effective date, if other thai	05/06/2021	(optional)
(If an effective date is listed, the date Note: If the date inserted in the	e must be specific and cannot be prior to date of filing or is block does not meet the applicable statutory filing the Department of State's records.	more than 90 days after filing.) Pursuant to 605.0207
If the record specifies a delayed ef	ective date, but not an effective time, at 12:01 a.m	n. on the earlier of: (b) The 90th day after the
M 6	2021	
Dated May 6	2021 0 0 8 Pta Ste	

Filing Fee: \$25.00