L21000050899

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COVER LETTER

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	Registration Sect Division of Corpo				
		ional Parkway LLC			
SUBJEC	ſ:	Name of Limi	ted Liability Company		
The enclo	sed Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please rett	urn all correspond	lence concerning this matter t	to the following:		
		Damon Dettinering			
			Name of Person	_	
		1525 International Parkway	4 LLC		
			Finn/Company	_	
125 Hawkerest Ct					
Address					
Debary, FL 32713					
	City/State and Zip Code				
		damondettmering@gmail.co	on o be used for future annual report notification)	-	
		icerning this matter, please ca			
Damon D	ettmering		407 416-7787 at () Area CodeDaytime Telephone Num		
	Name of I	Person	Area Code Daytime Telephone Num	her	
Enclosed	is a check for the	following amount:			
□ \$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi tadditional copy is enclosed) Certifi	Filing Fee, acate of Status & ed Copy nal copy is enclosed)	
]	Mailing Address: Registration Se Division of Co P.O. Box 6327 Fallahassee, Fl	ection prorations	<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	2021 NAR 31 A II: 13	

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ARTICLES OF AMENDMENT ŦO ARTICLES OF ORGANIZATION OF

1525 International Parkway LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1-28-2021 and assigned Florida document number 1.21000050899

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" of the abbreviation "LLC."

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 stree	n address
		Florida
	Cay	Zip Code
Registered Agent's Signature, if changing Register	red Agent:	

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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Rachel Dettmering	125 Hawkerest Ct	
		Debary, FL 32713	⊡Remove
			🗋 Add
			🗆 Remove
			🗋 Change
			⊡Add
			🗆 Remove
			Change
			□Add
			€) ElChange
			· 🔐 🗆 Change
			🗆 Add
			🗍 Remove
			🗆 Change

D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
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Rachel Dettmering - 2% owner

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If the record specifies a delayed effective date, but not a record is filed.	in effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated March 28	2021 	31 A 11. 13

Typed or printed name of signee