## 121000016930

(Requestor's Name)
(Address)
'Address)
(City/State/Zip/Phone #)
(But vies Entity Name)
(Desument Number)
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Special instructions to Filing Officer

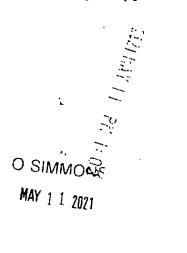
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400365924144

**400365924144** 05/11/21--01010--008 ++35.00

SECNE INICE ESTABLE



## CÒVER LETTER

TO: A Registration Section Division of Corporations						
SUBJECT:	N. Disston Are	. LLC	<u>, ,</u>			
	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:				
	Water Wil	Kuson Jr				
		Name of Person				
		Firm/Company				
	Po Box	1684				
	:10	Address				
	Minheuca,	City/State and Zip Code				
	asapaliscua E-mail address: (	City/State and Zip Code  tseph C C yahw co to be used for future annual report noti	CONVI			
For further information c	oncerning this matter, please ca					
Watter Wi		at (352) 516	1479 e Telephone Number			
Name o	f Person	Area Code Dayum	e Telephone Number			
Enclosed is a check for the	ne following amount:					
\$25.00 Filing Fee	S30.00 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 Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations The Centre of Tallahassee				
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILL Disston Ave 110	AMITAY II PH 1:03		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company of Florida document number <u>L21000076939</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabile  50 Dission Ave LLC  The new name must be distinguishable and contain the words "Limited Liability and contain the words" and contain the words "Limited Liability and contain the words "Limited Liability and contain the words" and contain the words "Limited Liability and contain the words" and contain the words "Limited Liability and contain the words" and contain the words "Limited Liability and contain the words" and contain the words "Limited Liability and contain the words" and contain the words "Limited Liability and contain the words" and contain the words "Limited Liability and contain the words" and contain the words "Limited Liability and contain the words" and contain the words "Limited Liability and contain the words" and contain the words are contain the words and contain the words are contained to the contain the words are contained to the contained the containe			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	NA		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registere</u>		
Name of New Registered Agent:	A		
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

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	SZELIAY II PH	Type of Action
	NIA			
				□Remove
				Change
				🗆 Add
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			····································	□Change
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				□Remove
				□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Walter Wilkerson Jr.

Filing Fee: \$25.00