L21000126964

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COVER LETTER

Division of C	Corporations ,		
	Y PARK LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		Name of Person	
	PRISCILLA INVESTME	NTS LLC	
		Firm/Company	
	2030 S PINE AVE		
		Address	
	OCALA, FL 34471		
		City/State and Zip Code	<u></u>
	FATIMAREALTOR05@C		
	E-mail address:	(to be used for future annual report notificati	on)
For further informatio	n concerning this matter, please of	rall:	
WEBSTER LUZURIAGA		352 4275854 at ()	
Nani	e of Person		ephone Number
Enclosed is a check fo	r 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)
P.O. Box 6	n Section Corporations	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassee, FL 323	hassee reet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

301 HWY PARK LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Con</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L21000126964</u> .	any were filed on 03/17/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability 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)	2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Plorida Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:
I hereby accept the appointment as registered agent and a	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, It this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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	JUAN CARLOS CHE	2030 S PINE AVE	□ Add
		OCALA, FL 34471	■ Remove
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an effective date is listed, the date must be specific a	nd cannot be prior to date of	of filing or more than 90	days after filing.) P	ursuziat to 605.0207
ote: If the date inserted in this block does not ocument's effective date on the Department of	i meet the applicable sta	tutory filing requiren	nents, this date w	ll not be listed as
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record specifies a delayed effective date, but no	ot an effective time, at 1	12-01 a.m. on the and	ion of the The t	Otheray after the
is filed.	ot an enective time, at	2.01 a.m. on the ear	**	/Utheray after the ✓
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