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8/25/21

COVER LETTER

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TO: Registration Sec Division of Corp		i	
SUBJECT:	1420 Barto Name of Lim	on RD LLC nited Liability Company	·
The enclosed Articles of A	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Whitne	Dan Cu Name of Person	
	1490	Barton RD LU Firm/Company	
	(030)	Whitney Ave.	
	<u>Lantou</u>	City/State and Zip Code	}
	Whitne	EY CEAST (CAST NY to be used for future annual report	etais. net
For further information co	oncerning this matter, please co	all:	
Whitney D		at (S(0)) To Area Code Da	vime Telephone Number
Enclosed is a check for the	e 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 Address	<u>.</u>	Street Address	<u>s:</u>

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1420 Bar	ton RD LLC	10 PH C
(Name of the Limited Li (A F	iability Company as it now appears of lorida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabilification document number	<u></u>	3 33 3021 and assigned
This amendment is submitted to amend the followin	ıg:	
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 desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	2	
3. If amending the registered agent and/or regist agent and/or the new registered office address he		ords, <u>enter the name of the new regist</u>
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Whitney Allmon -	Whitney Danca	□ Add
	(married)	620 Whitney Avenue	□Remove
		Whitney Danca 620 Whitney Avenue Lantana, Ft. 33462	✓ Change
			□Add
			□Remove
		- <u> </u>	🗆 Change
		-	□Add
			🗆 Remove
			□Change
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			Change

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ectiv	e date, if other than the date of filing: (optional)
n effec	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
	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
is filed	l.
ited _	$\frac{810}{1}$.
	Signature of a member of authorized representative of a member