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Certified Copies Certificates of Status
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COVER LETTER

TO: Registration S Division of Co				
	1220, LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	CHRISTOPHER BLAKE	.Y		
		Name of Person		
		Firm/Company		
	7587 HAMPTON BLVD	V		
		Address		
	NORTH LAUDERDALE.	FL 33068		
	chrisblakely1220@gmail.co	City/State and Zip Code		7021 JI
	E-mail address: (to be used for future annual report notifica	tion)	
For further information	concerning this matter, please c	alf:		
CHRISTOPHER BLAK	LEY	786 650-9515		තු ය.
Name	of Person	Area Code Daytime To	elephone Number	ر م بياً مين
Enclosed is a check for t	the following amount:			
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Addre Registration Division of O P.O. Box 63. Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	rations ahassee treet, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVENUE 1220. LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 04/12/2021	and assigned
Florida document number 1.21000168342		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	Σ	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		-
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter the r</u>	name of the new registe
		232
Name of New Registered Agent:		
New Registered Office Address:		72
	Enter Florida street address	-0 . 7
	, Florida	ا <u> ج</u>
	City	Zip Code r-: 💬
New Registered Agent's Signature, if changing Registered Age	<u>ent:</u>	- Q1

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
MGR	CHRISTOPHER BLAKELY	7587 HAMPTON BLVD N	= Add
		NORTH LAUDERDALE, FL 33068	□Remove
			☐ Change
AP	CHRISTOPHER BLAKELY	7587 HAMPTON BLVD N	□Add
		NORTH LAUDERDALE, FL 33068	■ Remove
			□Change
			CJAdd
		□Remove 2021	
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