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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: 160Now Readside Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:				
Rose Bartlett Smith				
160NOW KOUDSIDE Firm/Company				
2515 White OAK LN				
Titusville, FL 32780				
City/State and Zip Code 1 90 NOW YOUGSIDE @ 9Mdll COM J E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
ROSE BOYTLETT SMITH at (859) 358-8094 Area Code Daytime Telephone Number				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$555.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)				

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

Street Address: 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 ARTICLES OF ORGANIZATION OF ARTICLES OF ORGANIZATION OF

160 Now Roadside, LLC 21 JUH 21 PH 2:28
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 4141202 and assigned Florida document number 121000173810.
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" or the abbreviation "L.L.C."
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, <u>enter the name of the new registere</u> agent and/or the new registered office <u>address here</u> :
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Florida

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.

Cin

Zip Code

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 = Mar AMBR = Aut	iager horized Member		ANTON U SAN C	All M	
<u>Title</u>	<u>Name</u>	Address	21 JUN 21 PH		Type of Action
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_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effe <u>Note:</u> I	ve date, if other than the date of filing:
e record rd is file	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 ed.
Dated _	June 10. 2021.
	Signature of a member or authorized representative of a member
	RESE BARTLETT- SMITH

Filing Fee: \$25.00