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COVER LETTER

TO: Registration S Division of Co			
3700 MER	CANTILE AVE LLC		
SUBJECT:	Name of Lin	nited Liability Company	<u></u>
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	ZACHARY W. LOMBAR	RDO, ESQ.	
	 	Name of Person	
	WOODWARD, PIRES &	LOMBARDO, P.A.	
		Firm/Company	
	3200 TAMIAMI TRAIL	N., SUITE 200	
		Address	
	NAPLES, FL 34103		
	ZLOMBARDO@WPL-LE	City/State and Zip Code GAL.COM	
	E-mail address: (to be used for future annual report noti	Reation)
For further information of	concerning this matter, please c	all:	
ZACHARY W. LOMBA	ARDO, ESQ.	239 649-6555	
Name o	of Person	at () Area Code ——Daytim	e Lelephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	
P.O. Box 632	27	The Centre of T	'alfahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3700 MERCANTILE AVE LLC		
(<u>Name of the Limited Liability Comp</u> a (A Florida Limited I	ny as it now appears on our records liability Company)	· <u>.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 04/20/2021	and assigned
lorida document number L21000183994		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
5840 YAHL ST. LLC		
the new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "ELC"	or the abbreviation "E.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		2021
Enter new mailing address, if applicable:		io · · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		· m ·
B. If amending the registered agent and/or registered office a igent and/or the new registered office address here:	iddress on our records, <u>enter t</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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 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	Type of Action
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
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ffective date, if oth	er than the date of	filing:		(optional)	
ote: If the date inser	ted in this block does	not meet the applical	o date of filing or more to ble statutory filing re	than 90 days after filing.) Pursus quirements, this date will no	int to 605.0207 (of be listed as t
ocument's effective d	late on the Departmei	it of State's records.	, -		
record specifies a del Lis filed.	ayed effective date, h	ut not an effective tim	ie, at 12:01 a.m. on t	he earlier of: (b) The 90th	day after the
ated AUGUST 12		2021			
acca	11 ^		<u>.</u> , ·		
	Mora U-	indi 1		member	
	Nignature	of a member or author	ized representative of a	member	
	112		•		

 $(x_1, \dots, x_n) = (x_1, \dots, x_n)$

Filing Fee: \$25.00