# L21000184827

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## **WALK IN**

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#### **COVER LETTER**

SUBJECT The enclos	NE 14th Co	·	and Tieblie C.	
		Name of Lin	alead Titalities Co	
The enclos			nited Liability Company	
The enclos				
	ed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please retu	m all correspo	ndence concerning this matter	to the following:	
		Emilia R. Akridge		
•			Name of Person	<del></del>
		Crown Holdings Group, L	LC	
	· <del></del> , <del>-,-</del> ·	1 -	Firm/Company	
-		4828 Ashford Dunwoody	Road, Suite 200	
<del></del> -			Address	<del></del>
		Atlanta, GA 30338		
			City/State and Zip Code	
		eakridge@crownhgroup.com	m to be used for future annual report noti	
For further	information co	oncerning this matter, please c		neation)
Emilia R. A		<b>.</b>	770 391-1233	
	_Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & 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

NE 14th Court, ELC	
(Name of the Limited Liability Company as it now appears on a (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on April 28 Florida document number L21000184827	. 2021 and assigned
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 designa	
Enter new principal offices address, if applicable:	SE 22
(Principal office address MUST BE A STREET ADDRESS)	25 J
Enter new mailing address, if applicable:	ASSET OF THE O
(Mailing address MAY BE A POST OFFICE BOX)	FA S
B. If amending the registered agent and/or registered office address on our record agent and/or the new registered office address here:	s, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida str.	eet 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 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

AMBR	<u>Title</u>	Name	Address	Type of Action
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MGR Avi Manoah 4828 Ashford Dunwoody Road, Suite 100    Add				□Remove
Atlanta, GA 30338 □Remove □Change □Add □Remove			<del></del>	■ Change
Remove   Change   C			•	<b>B</b> Add
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