L21000 210873

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	+f)
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PICK-UP	MAIT	MAIL
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COVER LETTER

10: Registration Sec Division of Corp					
5555 Collin	s Ave#7N, LLC				
SUBJECT:	Name of Limit	ted Liability Company			
The enclosed Articles of .	Amendment and fec(s) are subr	nitted for filing.			
	ndence concerning this matter t				
	Paul Kraft				
		Name of Person			
		· Firm/Company			
	10659 Emmaline Dr				
	New Market, MD 21774	Address			
	New Market, 1912 22 1 1 2	City/State and Zip Code			
	paulkraft7@gmail.com				reserved.
		to be used for future annual	report notification)		14 JUL 67
For further information of	oncerning this matter, please ca				
Paul Kraft			9-0527		
Name o	l Person	at () Area Code	Daytime Teleph	one Number	: =
Enclosed is a check for t	he following amount:				
量 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is en		S60.00 Filin Certificate (Certified Co (additional co	of Status &
<u>Mailing Addre</u> Ronistration		<u>Street A</u> Registr	address: ration Section		
Registration Section Division of Corporations		Divisio	Division of Corporations		
P.O. Box 6327 The Centre of Tallahassee					

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5555 Collins #7N, LLC	112. / C		
(A Flor	illiv Company as it now appears on our records.) ida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number L21000210873	Company were filed on	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the ab	hieviation "L.	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here		e of the <u>nev</u>	v registe
	-	[6]	<u>:=</u>
Name of New Registered Agent:		• •	: ⁼ - ro
New Registered Office Address:		•	ت-
	Enter Florida street address		74.
	, Florida		ر ي
	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 Title Name <u>Address</u> Type of Action _____ 🗆 🗀 Add _____ DChange _____ □Remove _____ □Change _ □Removie ______ [] Change ______ Cladd _____ □Remove _____ DChange _____ □Remove

______ □Change

		
		
		
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		~
		2021
	•	<u> </u>
E. Effective date, if other than th	June 8, 2021	. 9
(If an effective date is listed, the date in Note: If the date inserted in this	ne date of filing: Just be specific and cannot be prior to date of filing or more the block does not meet the applicable statutory filing requestion of State's records.	mirements, this date will not be listed as the
f the record specifies a delayed effect ecord is filed.	ive date, but not an effective time, at 12:01 a.m. on th	e earlier of: (b) The 90th day after the
June 8 Dated	2021	
C. T. Y.		
<u> </u>	Signature of a member of authorized representative of a r	member
Paul Kraft		
	Typed or printed name of signee	

Filing Fee: \$25.00