## L21000 261404

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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## **COVER LETTER**

TO:	Registration Section Division of Corporation	on rations		
SUBJ	ECT:	3 JC Propert Name of Limite	d Liability Company	
The er	nclosed Articles of Ar	mendment and fee(s) are subm	itted for filing.	
Please	return all correspond	lence concerning this matter to	the following:	
		<u> </u>	Name of Person	
			Firm/Company	
		1535	SE Riverside Dr. Address	
			City/State and Zip Code  Scan O gmod Corr  o be used for future admual report notification	
		E-mail address: (t	Scan Coma Com o be used for future admual report notification	
For f	urther information co	ncerning this matter, please ca	At:	
<u></u>	Ana Name of	Person	at ( <u>77)</u>	)54 Shone Number
Encl	osed is a check for the	e following amount:		
凼	\$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)
	Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Section Division of Corpora The Centre of Tallal	tions

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
		and assig	gned
Articles of Organization for this Limited Liability Company were filed on Jose 4, 2021 and assigned ida document number 1, 21,000 26,1404.  If amending name, enter the new name of the limited liability company here:  If amending name, enter the new name of the limited Liability Company," the designation "LLC" or the abbreviation "LLC" er new principal offices address, if applicable:  Incipal office address MUST BE A STREET ADDRESS)  If amending address MUST BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered and and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:			
Name of the Limited Liability Company as it any appears on our records.)  (A Florida Limited Liability Company)  the Articles of Organization for this Limited Liability Company were filed on			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the ab	obreviation "L.L.	C."
Enter new principal offices address, if applicable:		<del></del>	<del></del>
(Principal office address MUST BE A STREET ADDRESS)			
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del>-</del>		<del></del>
	<del></del> -	<del></del>	<del></del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new	registered
		702	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stront cyldraes	·:	
	THE TENNED SO CELEBRASS	-, -o	Ι.
	, Florida , Florida	Zip Cođio	ha saf
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	24	

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 1535 SE Riverside Drive	Type of Action
MGB	Ann Wales Trust	Stuart, FL 34996	DAdd
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A contract	ive date, if other than the date of filing:  [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a tent's effective date on the Department of State's records.
e reco rd is f	rd 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 filed.
Dated	<u></u>
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member of o