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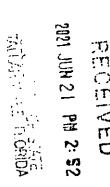
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 6/21/2021

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 929202

ORDER ENTITY___

12320 AUTUMNBROOK REALTY, LLC

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12320 AUTUMNBROOK REALTY, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, June 21, 2021 Page 1 of 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12320 AUTUMNBROOK REALTY, LLC

(Name of the Limite	A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lie	ability Company	were filed on June 16, 2021	and assigned
Florida document number <u>L210000280221</u>	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:	12320 Autumnbrook Trail East	
Principal office address MUST BE A STREET	(ADDRESS)	Jacksonville, FL 32258	····
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE E	8 <i>0X</i>)		-
			<u> </u>
3. If amending the registered agent and/or re agent and/or the new registered office address	gistered office a	nddress on our records, <u>enter the</u>	name of the new registered
			金 宝 运
Name of New Registered Agent;			第二三三
New Registered Office Address:	12320 Autumn	brook Trail East	
		Enter Florida street address	
	Jacksonville	, Florid	la 322 <u>58</u>

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.

City

Zip Code

It 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
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
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an eff ote:	ive date, if other than the date of filing:
recore	d 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
ied <u>J</u> i	une 17
	Signature of a member or with the signature of the signature of a member of a
	Signature of a member or authorized representative of a member

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