## L21000299658

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T. MATTHEWS JUN 13 2022

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LAUREN GANNON				
		Name of Person			
	6550 US 1 NORTH LLC				
		Firm-Company			
	44 MAGNOLIA DUNES	CIRCLE			
		Address	<del> </del>		
	SAINT AUGUSTINE, FL	32080			
	<del></del>	City/State and Zip Code			
	le14gann@gmail.com				
For further information o	e-mail address: (	to be used for future annual report not	fication)		
LAUREN GANNON		at (518 Area Code ) 424-8908 Daytim			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	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 Addres</u>	•	Street Address:			
Registration Section Division of Corporations		Registration Section			
P.O. Box 632	-	Division of Cor The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RGANIZATION FILED STATE SECRETARY OF STATE OF CORPORATIONS

6550 US 1 NORTH, LLC

22 APR 25 AM 10: 54

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed on JUNE 29	and assigned		
Florida document number L21000299658	<del></del> ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and contain the words "Lim	nited Liability Company." the designa	ion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		<u>,                                      </u>		
(Principal office address MUST BE A STREET ADDR	RESS)			
	<del> </del>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered	d office address on our record	s antar the name of the new registered		
agent and/or the new registered office address here:	d office address on our record	s, enter the name of the new registered		
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:	Enter Florida str.	out addross		
	Ciţy	, Florida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LAUREN GANNON	44 MAGNOLIA DUNES CIRCLE	□Add
		SAINT AUGUSTINE, FL 32080	□Remove
		LAST NAME FROM CAVALCANTI TO GANNO	N ■Change
			□ Add
			∐Remove
			□Change
		<del></del>	□Add
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