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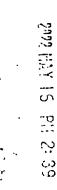
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COVER LETTER

TO:

TO: Registration S Division of Co			
4532 Tenr	nyson Drive, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Bradley F. White		
		Name of Person	
	WhiteBird, PLLC		
		Firm/Company	
	2101 Waverly Place Suite	100	
		Address	
	Melbourne, Florida 32901		
	_	City/State and Zip Code	
	bwhite@whitebirdlaw.com		
	E-mail address: (to be used for future annual report not	tification)
For further information	concerning this matter, please ca	ıll:	
Bradley F White		321 327-5580 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration So	ection
Division of	Corporations	Division of Co	
P.O. Box 63		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4532 TENNYSON DRIVE, LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
ne Articles of Organization for this Limited Liability	Company were filed on July 6, 2021	and assigned
orida document number 1.21000309488	·	
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the lin	nited liability company here:	
491 Paragrass Ave, LLC		i~ ي
ne new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" of	
nter new principal offices address, if applicable:		 .
<u>rincipal office address MUST BE A STREET ADD</u>	<u>RESS)</u>	<u> </u>
		· P
		. ?
nter new mailing address, if applicable:		<u></u>
<u> Mailing address MAY BE A POST OFFICE BOX)</u>		-
. If amending the registered agent and/or register	· ·	e name of the new regi
<u>gent and/or the new registered office address here</u> :	:	
Name of New Registered Agent:		
V 5 100 100 100		
New Registered Office Address:	Enter Florida street address	
	Flor	ida Zin Code
	City	гар Соде

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Add
			□Remove
			Change
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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory focument's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.026 filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a. is filed.	.m. on the earlier of: (b) The 90th day after the
ated Mei / A. 2022	

Typed or printed name of signee