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21 KST -5 PN 1: 37

T. MATTHEWS

COVER LETTER

TO:

Registration Section

Division of Corporations			
	TURIAS ROAD LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	LEAH S KUTNER		
		Name of Person	
	21695 ASTURIAS ROAD	LLC	
		Firm/Company	
	18 ALLAMANDA AVE		
		Address	
	KEY WEST FL 33040		
		City/State and Zip Code	
	LSACKSTEDER1@GMA		
	E-mail address: (to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	
LEAK KUTNER		215 990-7599 at ()	
Name o	of Person		ime 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)
Mailing Addres Registration S		<u>Street Address:</u> Registration S	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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21695 ASTURIAS ROAD LLC		
(Name of the Limited I. (A.F.	iability Company as it now appears on our records lorida Limited Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liabil		and assigned
Florida document number <u>L21000318853</u>	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		he name of the new register
	 -	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
_	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 Changing Registered Agent, Signature of New Registered Agent

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANDREW W SACKSTEDER	18 ALLAMANDA AVE, KEY WEST, FL 33040	= Add
			□Change
AMBR	ARRON C KUTNER	18 ALLAMANDA AVE, KEY WEST, FL 33040	□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Add
		□Remove	
			□ Change
			🗆 Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change

9	E FH 1: 31
	change(s) here: (Attach additional sheets, if pecessary.) 21 KGV -5 FM 1: 31
	
	
Effective date, if other than the date of fili	ing:(optional) and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
	and cannot be prior to date of fining or more than 90 days after filing.) Pursuant to 605.0207 (3) timeet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of	
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ord is filed.	ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ora is mea.	
, NOVEMBER IST	2021
Dated	2021
Signature of	a member or authorized representative of a member
LEALIC MITTIED	
LEAH S KUTNER	
	Typed or printed name of signee

Contract to the second

Filing Fee: \$25.00