## K21000318926

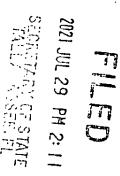
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Special Instructions to Filing Officer:





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## **COVER LETTER**

TO:

Registration Section Division of Corporations

ormanor 718 BBETT			
SUBJECT: 718 BRITT	Name of Lim	ited Liability Company	14
	Amendment and fee(s) are sub ondence concerning this matter		
rieuse retuin un correspe	Andersee concenting this name	to the following.	
	Keith Taub		2021 JUL 29 PM 2: 11 SECRETARY OF STAT
		Name of Person	JUL 2
	718 BRITTANNY O KP I		
		Firm/Company	OF SECOND
	16828 CROWN BRIDGE	DR	
		Address	一一一
	Delray Beach, FL 33446		
	keithjtaub@att.net E-mail address: (	City/State and Zip Code to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Keith Taub		at ( 954 ) 822-4000	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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		Street Address:	
Registration : Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	
Tallahassee.			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	ed Liability Company (A Florida Limited Lial	as it now appears on our reco bility Company)	ords.)
The Articles of Organization for this Limited Lia	ability Company w	ere filed on <u>07/13/2021</u>	and assigned
Florida document number L21000318926	······································		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liabilit	ty company here:	2021 S.E.
718 BRITTANY O KP LLC			232 1
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the designation "L	LC or the abhreviation "L.T.C"
Enter new principal offices address, if applica	able:	no changes keep the same	29 P
(Principal office address MUST BE A STREE)	T ADDRESS)		Ser i D
Enter new mailing address, if applicable:		no changes keep the same	
(Mailing address MAY BE A POST OFFICE E	<u>BOX)</u>		
B. If amending the registered agent and/or re		dress on our records, <u>ent</u>	er the name of the new registered
agent and/or the new registered office address	s here:		
Name of New Registered Agent:	no changes keep t	ne same	<del></del>
New Registered Office Address:	no changes keep t		
		Enter Florida street add	tress
			Florida
		City	Zıp 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

<u>Title</u>	Name	Address	Type of Action
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fective date, if other than the date of f in effective date is listed, the date must be specifi	c and cannot be prior to d	late of filing or more tha	n 90 days after fil	ing.) Purs	mant to 6	05.02
ote: If the date inserted in this block does in the Department cument's effective date on the Department	not meet the applicable of State's records.	e statutory filing requ	irements, this d	ate will	not be i	isted i
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record specifies a delayed effective	ve date, but not a	n effective time.	at 12:01 a.r	n. on t	he ear	lier
The 90th day after the record is fil		,				
nted July 22	, 2021					
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	4/11/01	<u> </u>				
Signature	of a member or district	ed representative of a m	ember			

Page 3 of 3

Filing Fee: \$25.00