## LZ1000319850

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)	)
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	_
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## **COVER LETTER**

TO: Registration S Division of Co			
	-	ck Propertiés / ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Picase return all corresp	ondence concerning this matter	to the following:	
	Kim	M. Block Name of Person	
	Asound the	Block Property	is LCC
mailing -	2218 1/k	Address  Address  Folls, OH 44  City/State and Zip Code  OA i ells 9 @ grant to be used for future annual report notion	
	Ceyahoga	e Falls, OH 44	
	E-mail address: (1	City/State and Zip Code  10(1) 1596 Switten to be used for future annual report notion	cail. com
For further information	concerning this matter, please ca		
Name o	of Person	at (440) 382 Area Code Daytim	- 1 6 2 9 ne Telephone Number
Enclosed is a check for t	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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<b>N</b>			

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Around the Block Properties, LCC

(Name of the Limite	d Liability Company A Florida Limited Lia	v as it now appears on o ability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L2/003/</u>	ability Company w	vere filed on	ly 13, 20	2/ and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabili	ity company here:		
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	y Company." the designa	ation "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>	2218 /1 Cuyaha 44	ITTI Street 4 Falls, 6	A OHio
B. If amending the registered agent and/or reagent and/or the new registered office address	here:	7		
Name of New Registered Agent:	_ Kir	n M. B1	ock	
New Registered Office Address:	5870 Cocomy	n M. Bl NW 40th Enter Florida str City	Lanl reet address	33073

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>	<u>Name</u>	<u>Address</u>	3218 1/4 C+	Type of Action
AMBR	Robert E. Bloc	k	2218 11th St Cuyahoga Falls, OH 44221	Add
				□Remove
	7			Change
AMBR	Kini M Block	5872	NW 40k/m	
		( <i>DC</i> 5	Cheme FL 3 70 19	emove
				□Change
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				□Remove
				□ Change

	Business address:
	5870 NW 40 + Lane
	5870 NW 40 + Lane Coconut Creek, FC 33073
	Alat : allowers
	Mailing address:  2218 1/hi St  Cuyahaga Falls, OH 44221
	2218 1/111 24
	Cuyahoga talls, Ott 4422/
(If an et Note:	tive date, if other than the date of filing:
	rd 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
ord is f	Lugust Pt. 2022
Date	
Dateo	The state of the s
Datec	Signature of a member or authorized representative of a member

Filing Fee: \$25.00