# 121000327192

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

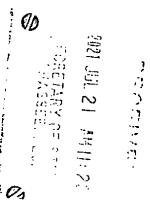


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FILED

2021 JUL 21 M 9: 01

SECRETARY CE SIDJE



### Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/21/2021	_		⇔WALK IN
entity name 345 M	urray Rd LLC		W.1.2.
DOCUMENT NUMBER			
	**PLEASE FILE TO	HE ATTACHED AND RETURN**	
xxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Art Certificate of Good St		
	**APOSTILLE' / I	NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$25.00		ACCOUNT #: 12016000007	72
		5 8 FM	
DO	H	any issues or concerns. Thank you s	aaa 6 /

#### **COVER LETTER**

	egistration Se ivision of Co			
eud ie <i>e</i> t	345 Murra			
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Daniel Reyes		
			Name of Person	
		ZenBusiness INC.		
			Firm/Company	
		5511 Parkerest Dr. Suite 2	07	
			Address	<del></del>
		Austin, TX 78731		
		<del></del>	City/State and Zip Code	
		fulfillment@zenbusiness.co	om to be used for future annual report no	stification)
For further	information c	concerning this matter, please c		
Daniel Rey	res		512 237-7349	
	Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is	a check for t	he following amount:		
	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address:	action
	egistration Sivision of C	Section Corporations	Registration S Division of Co	
	O. Box 632		The Centre of	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

345 Murray Rd LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our recor Liability Company)	<u>"ds.)</u>
The Articles of Organization for this Limited Liability Company Florida document number 1.21000327192	were filed on 07/19/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
121 Seville Road LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	250 Royal Palm Way	
Principal office address MUST BE A STREET ADDRESS)	Palm Beach, FL 33480	
	Palm Beach County US	52. 03.
Enter new mailing address, if applicable:	250 Royal Palm Way Palm Beach, FL 33480	ECRETAL TALLAS
Mailing address MAY BE A POST OFFICE BOX)	Palm Beach County US	\$6 ≥ <b>17</b>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ente</u>	1.5 1.6 1.6
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess
	, F	Torida
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Blair Brandt	250 Royal Palm Way 306 Palm Beach, FL 33480 US	: □Add
			□Remove
			□Add
			□Remove
		SECRE TALE	_   Change 20 21 J   Addies
		TARY UE AHASSE	Nemove
			Chamge  ☐ Add
			□Remove
			_ CChange
			_ □Add
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			_ Change
			□Add
			_ □Remove
			_ □Change

#### Page 2 of 3

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Filing Fee: \$25.00