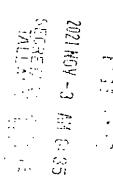
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Address)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT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





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RECEIVED

Sunshine State Corporate Compliance Company

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

OCUMENT NUMBER		
	PLEASE FILE THE A	TTACHED AND RETURN
	Plaix Copy	
XXXX	Certified Copy	
	Certificate of Status	
,	**PLEASE OBTAIN THE FOLLU	OWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & A	mendments
 _	Certified Copy of Arts & A	mendments Complete File (Including Annual Reports)
<u> </u>	Certificate of Status	
	Certificate of Status Reflect	ing:
	APOSTILLE' / NOT	TARIAL CERTIFICATION
COUNTRY OF DESTINA	TION	
NUMBER OF CERTIFICA	TTES REQUESTED	
	^	ACCOUNT # 120140000108 With United Corporate Services, Inc. issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section Division of Corporations

;

4220 SEAC	GRAPE DRIVE, LLC		
JUDJEC 1	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dolores Burton		
		Name of Person	r filing. lowing: me of Person Address Ate and Zip Code for future annual report notification) Area Code Daytime Telephone Number 5.00 Filing Fee & Certificate of Status & Certificate of Status &
	United Corporate Services,	, Inc.	
		Firm/Company	-
	100 State Street		
		Address	
	Albany, NY 12207		
		City/State and Zip Code	
	Dolores Burton United Corporate Service 100 State Street Albany, NY 12207 E-mail address: mation concerning this matter, please of Name of Person	to be used for future annual report not	ification)
for further information c	oncerning this matter, please ca	all:	
		at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

4220 Seagrape Drive, LLC		<u></u>
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our reco Limited Liability Company)	<u>ords.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 8/4/2021	and assigned
Florida document number 1.21000351504	_··	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
4240 N. Ocean Drive One LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
• •		7021 FC
		-ñi 8
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		314
		တ - ၂
		G) G)
B. If amending the registered agent and/or registered	office address on our records, <u>ent</u>	er the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limit 4240 N. Ocean Drive One LLC The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR.) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	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
			Remove
			Change
			□Add
	☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Change		
			Change No.
			Pomove
			□Change
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factive date if other than the date of filing:		14	optional)		
fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the applie	to date of filing or	more than 90 days	after filing.) F	ursuant to	605.020
cument's effective date on the Department of State's records.	able statutory in	mg requirements	, this date w	iii not be	Hated (
ecord specifies a delayed effective date, but not an effective ti is filed.	ime, at 12:01 a.n	n. on the earlier o	f: (b) The	90th day	after th
ted November 3 2021					
/s/Freddy Del Rosario					
					_
Signature of a member or author	orized representati	ve of a member			