# 121000379945

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T. MATTHEWS MAR - 8 2022

#### COVER LETTER . . .

TO:	Registration of					
SUBJE	CT: $\left\langle \right\rangle$	011	26TH A	JUE N	LLC	<u></u>
		-	Name of Lim	ited Liability Company		
The enc	losed Article	s of Ame	ndment and fee(s) are sub	mitted for filing.		
Please r	eturn all con	esponden	ce concerning this matter	to the following:		
		_	JUSTIN	Name of Person	<del>Cf</del>	
		_	8011 20	TH AVE N	LLC	
		-	1900	PARK ST Address	/V	
		_	STF	PIZTE, FL City/State and Zip Code	337	10
		_		(10 be used for future annual		
For furt	her informat	ion conce	rning this matter, please o	ail:		
		in K	ALHOFT	at ( <u>402</u> ) Area Code	429	1091
	N:	ime of Per	Son	Area Code	Daytime Telep	phone Number
Enclose	ed is a check	for the fo	llowing amount:			
\$ \$25	5,00 Filing F	ee 🗓	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing A	ldress:		Street Ac	idres <u>s:</u>	

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

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.

22 MART - 1 PM 12: 06

8011 26TH AV	EN LLC	<b>22</b> M/1 - 1 PM 12: 06
SOII ZOTH AV  (Name of the Limited Liability (A Florida	y Company as it now appears on o Limited Liability Company)	ur records_)
The Articles of Organization for this Limited Liability C		
Florida document number	<del></del> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limitation of the contain		
Enter new principal offices address, if applicable:	1900 /	ALK ST E, FL 3370°
(Principal office address MUST BE A STREET ADDR	PESS) ST PET	E, FL 3370°
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:	l office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	vet address
	City	, Florida
	$Ci\dot{W}$	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>	Address	Type of Action
	RYAN PRIEFERT	12148 145 TH ST	□Add
		LARLO, FL 33774	Remove
			□Change
			□Add
		<del> </del>	□Remove
			□Change
			□Add
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		- · · ·	□Remove
			Change

## Page 2 of 3

lf an cí	tive date, if other than the date of filing:  2/24/22  (optional)  Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	$\sim$ $\sim$ $\sim$ $\sim$ $\sim$
Dated	FOBRUMY 24 7022
Dated	FOBRUMY 27 7022
Dated	Signature of a member or authorized representative of a member  Sustin Lality f  Typed or printed name of signee

I, Ryan Priefert, agree to modify Article IV of 8011 26<sup>th</sup> Ave N LLC whereby I will no longer have any ownership or management of the LLC nor its assets.

PRINTED

SIGNATURE

2-24-22

DATE

Notary Public-State of Florida Commission # HH 114022 My Commission Expires September 17, 2024

MS 50