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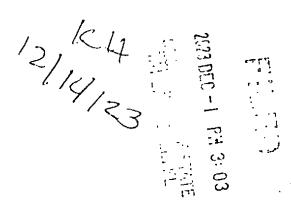
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

	gistration Se vision of Cor				
TED IEZE	1680 A1A S	STE 4 LLC			
ODJECT	:	Name of Lim	ited Liability Company		
the enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ndence concerning this matter	-		2
		Brian Sawyer			
		-	Name of Person		
		1680 A1A STE 4 LLC			
			Firm/Company		
1680 HWY ATA, STE 3					
		·	Address		
		DBLSPROPERTIES@GMZ	AIL.COM to be used for future annual report notificat	tion	
or further:	information c	oncerning this matter, please ca	•	,	
3rian Sawy	rer .		877 344-3257		
Name of Perso		f Person	at () Area Code Daytime Te	elephone Number	
				0.50 8282	
inclosed is	a check for th	ne following amount:			
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	ailing Addres egistration S		Street Address: Registration Section	on	
	_	orporations	Division of Corpor		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1680 A1A STE 4 LLC

ompany has been notified in writing of this change.

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
he Articles of Organization for this Limited Liability Company vorida document number <u>L21000381056</u> .	were filed on <u>8/25/2021</u>	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	lity company here:	
ne new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office ac gent and/or the new registered office address here:	ddress on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		2023
		2023 DEC
New Registered Office Address:	Enter Florida street address	
	, Florida	-
	City	.Zip Code
ew Registered Agent's Signature, if changing Registered Agent:		건

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

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

4GR = Manager

MBR = Authorized Member

<u> itle</u>	<u>Name</u>	Address	Type of Action
4GR	Howard L Garris, Jr.	69 Anchor Dr, Indian Harbour Beach FL	□Add
			■Remove
			□ Change
			□ Add
			□Remove
			□ Change
			□Add
			©Remove
			□ Change
			□Add
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an effective Note: If the	ate, if other than date is listed, the dat e date inserted in the effective date on t	e must be specifie iis block does ne	and cannot be pri of meet the app	or to date of filing licable statutory	or more than 90		ار) 2.) Pursuant to 605	
		ective date but	not an effective	time, at 12:01 a	i.m. on the earli	er of: (b) T	he 90th day after	r the
	cifies a delayed eff	••••••••••••••••••••••••••••••••••••••						
l is filed.			. M/	-				
is filed.	15/2023		 -	-				
d is filed.			 -	thorized represent	ative of a membe	:u		

Filing Fee: \$25.00