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(Requestor's Name)					
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PICK-UP	■ WAIT	MAIL			
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(Bu	isiness Entity Name	*)			
(Document Number)					
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2022 NOV 14 PH 12: 50

COVER LETTER.

TO: ,Registration of	n Section Corporations	•	
SUBJECT: 1517 O	Cala LLC Name of Lini	ited Liabelity Company	
The enclosed Articles	of Amendment and feers) are sub-	nitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Michel	le BRYAN Name of Person	
	1517 Oc	Ala_LLC Fim/Company	
	1659 SG 160	+1 Street	
	Summerd	City/State and Zip Code 1440 junk-king.com be used for Auture annual report notification	
	Michelle, D	yan@ junk - King Com be used for future annual report notification)	
For further information	on concerning this matter, please on		
Michello Nan	P (SRYAT)	at (352 , 480 - 8557	
Enclosed is a check for	n the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is melosed) Certified Copy (additional copy is enclosed)	
Malling Add Registratio		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6		The Centre of Tallahassee	
Tallahassec	t, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303



October 17, 2022

MICHELLE BRYAN 1659 SE 160TH STREET SUMMERFIELD, FL 34491

SUBJECT: 1517 OCALA LLC Ref. Number: L21000408750

We have received your document for 1517 OCALA LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 622A00023237

Neysa Culligan Regulatory Specialist III

S1:1 Hd 1:12

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 NOV 14 PH 12: 50

Zip Code

SECTIVITY SEE. IT /517 Ocala LLC (Name of the Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on September 15, 2021 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LIC" or the abbreviation "LIC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mulling address, if applicable: (Mailing address MAY BE A POST OFFICE BON) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

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.

Cay

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>	Name	Address	Type of Action
AMBR	ERNIST Gerber	1659 SE 160th Street	□Add
		Summerfield, Flician, 31491	Remove
			[]Change
			□Add
			☐Renove
			[]Change
			□Add
			□Remove
			Change
			□ ∀ /44
			_ , ∏Remove
			[] (Thange
			□Add
			ElRemove
			CIChange
			□Add
			□Renwve
			ClChange

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filling: 1/6/1/22", 2022 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filling.) Pursuant to 605 0207 (1)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record 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 record is filed

Dated July 22 nd

Signature of a member of authorized representative of a member

TYT: the HP BRYAY

Typed or printed name of signee

Filing Fee: \$25.00