121000432124

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

Office Use Only



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of 5/14/2022

COVER LETTER

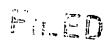
TO:

TO: Registration Se Division of Cor			
	ell Real Estate		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Elizabeth Wells		
		Name of Person	
		Firm/Company	
	2577 Alexia Circle		
		Address	
	Jacksonville, FL 32246-00	07	
		City/State and Zip Code	
	elizabeth.wells/@evusa.com	to be used for future annual report no	ritiontian)
For further information c	oncerning this matter, please e		meanon
Elizabeth Wells		904 432-5749 at ()	
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee, I	につてう [4	Z410 IN. MIONIC	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) L. C. 13



2022 APR 11 AM 9: 40

ELIZABETH WELLS REAL ESTATE, LLC

any were filed on 10/01/2021	1 , 1
•	and assigned
liability company here:	
ability Company," the designation "	LLC" or the abbreviation "L.L.C."
<u> </u>	
_	
ice address on our records, <u>en</u>	ter the name of the new registered
Enter Florida street ad	dress
	Florida
City	Zip Code
ent:	
lete performance of my duties	I further agree to comply with the c, and I am familiar with and 05, F.S. Or, if this document is a that the limited liability
	Enter Florida street ad City ent: agree to act in this capacity. lete performance of my duties

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	
AMRR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			CIAdd
			☐Remove
			□Change
			□Add
			□Remove
			□Change
		- 	□Add
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			□Change
			🗀 Add
			☐Remove
			□Change
		,	□Add
			□Remove
			□Chana

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an effective date is listed, the date n	block does not meet the applicable sta	(optional) f filing or more than 90 days after (fling.) Pursuant to 605.0 (utory filing requirements, this date will not be listed
record specifies a delayed effect is filed.	tive date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 90th day after
April 6th	2022	
CO:	1.10) a

Filing Fee: \$25.00

Typed or printed name of signee