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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: SIX 30. LE					
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	RUKIYA ANDREWS				
		Name of Person			
	SIX 30, LLC				
		Firm/Company	·		
	4432 BAYBREEZE RD				
		Address			
	ORLANDO, FL 32808				
		City/State and Zip Code	<del></del>		
	RUKIYA@SIX30PROPER				
	E-mail address: (	to be used for future annual report not	tification)		
For further information c	oncerning this matter, please c	all:			
RUKIYA ANDREWS		407 288-5057 at (			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 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		Street Address:	ection		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 6327		The Centre of	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIX 30, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/06/2021 and assigned Florida document number L2100437152 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SIX 30 PROPERTIES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C 4432 BAYBREEZE RD Enter new principal offices address, if applicable: ORLANDO, FL 32808 (Principal office address MUST BE A STREET ADDRESS) 4432 BAYBREEZE RD Enter new mailing address, if applicable: ORLANDO, FL 32808 (Muiling address MAY BE A POST OFFICE BOX) 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 City 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

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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