12100449606

(Red	questor's Name)	
(Add	dress)	
(Ade	dress)	
(Aut	nessj	
(City	//State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



200377012712

01/21/22--01017--018 ** 25.00

MALL TO STATE OF THE STATE OF T

700 IAN 31 TO 1

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

5WA 6501 LLC	2		
		.	
			Art of Inc. File
			LTD Parmership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
515.14147.0			Vehicle Search
			Driving Record
Requested by: SET	Н		UCC 1 or 3 File
Name		Time	UCC !! Search
Maine	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick	Up	. Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5WA 6501, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records Liability Company)	<u>i.</u>)
he Articles of Organization for this Limited Liability Company lorida document number 1.21000449606	were filed on 10/14/2021	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
VA 5801, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
		n22
rincipal office address MUST BE A STREET ADDRESS)		-17 15 17
		2
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		
-		<u></u>
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registo
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	5
	Flo	orida
	City	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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			PDAdd "
			☐Remove,
			.:' c.r\ ☐Change
			[]Remove
			□ Change
··			□Add
			□Remove
			[]Change
			□Add
			□ Remove
			[T]Chungo

					_	
			•			
	<u> </u>					
	,,,					
					•	
						202
		<u></u>	,			<u> </u>
					•	12
	<u> </u>			 	-	
						<u></u>
						<u></u> -
	. .	<u></u>			 	
	 -					
fective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this block becament's effective date on the Department.	c does not meet	the applicable	late of filing or n	ore than 90 days	optional) safter filing.) Pu s, this date wil	usuant to 605.02 I not be listed :
ecord specifies a delayed effective d	ate, but not an o	effective time	, at 12:01 a.m.	on the earlier (of: (b) The 9	Oth day after th
	20	022				
nted						

Filing Fee: \$25.00