L21000501405

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APR - I TO

COVER LETTER

Division of Cor			
contraction County about	d Double Land L.C		
SUBJECT: <u>Cumberlan</u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gary M. Richetelli		
		Name of Person	
	Cumberland Rockledge, L	LC Firm/Company	
	200 Boston Post Rd. Ste 1	3	
		Address	
	Orange, Ct 06477	City/State and Zip Code	
	info@comdevel.com		
For further information c	E-mail address: (to be used for future annual report noti all:	fication)
Edward F. Nesta		at (203) 8890070	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	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 Address		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	.7 ·	The Centre of T	Fallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(2	A Florida Cimited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L21000501405	bility Company were filed on November 16, 2021	
his amendment is submitted to amend the follow		
If amending name, enter the new name of t	the limited liability company here:	
he new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Inter new principal offices address, if applical	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B		
Thing diaress M. I. Mar. V. V. V. L. L. V.		
Name of New Registered Agent: Name of New Registered Agent:	gistered office address on our records, <u>enter th</u> <u>here</u> :	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	·	Zip Code
ew Registered Agent's Signature, if changing Re	· · · · · · · · · · · · · · · · · · ·	
rovisions of all statutes relative to the proper ecept the obligations of my position as regist	agent and agree to act in this capacity. I further and complete performance of my duties, and sered agent as provided for in Chapter 605, F., egistered office address. I hereby confirm that hange.	Lam familiar with and S. Or, if this document is

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Paul H Kaplan	3074 Whitney Avenue Hamden, CT 06518	■Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change

Effective date, if other than the date of filing:		ew Manager (Paul II, Kaplan) to go along with existing Manager (Gary M. Richetelli)
State: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at locument's effective date on the Department of State's records. 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 d is filed. Dated March 26		
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Dated March 26 2024 Mr. Lechetelle.	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 th
Mr. Kuhetilli	d is filed.	
Mr. Kuhetilli	M	2024
Signature of a member or authorized representative of a member	Dated	
Signature of a member or authorized representative of a member		/m. // /
Signature of a member of audiorized representative of a member		///m./ceneulli
		Distribute of a member of authorized representative of a member
Gary M. Richetelli		