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COVER LETTER

TO: Registration Section Division of Corporations	
16 Halfway, LLC SUBJECT:	
(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this i	matter to:
Sandra T Lynn	20
(Contact Person)	<u> </u>
Turner & Lynn PA	
(Firm/Company)	
7 Barracuda Lane	
(Address)	
Key Largo, FL 33037	
(City/State and Zip Code)	
For further information concerning this matter, pl	lease call:
Sandra T Lynn at (305 367-0911
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ■ \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

16 Halfway, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)	_
he Articles of Organization for this Limited Liability Company was lorida document number L21000506124 .	ere filed on November 29, 2021	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabilit	ty company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or th	e abbreviation "L.L.C."
inter new principal offices address, if applicable:		289
Principal office address MUST BE A STREET ADDRESS)		
		100
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	n-	- 100 E = - 100
. If amending the registered agent and/or registered office ad gent and/or the new registered office address here:	dress on our records, <u>enter the n</u>	ame of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	121 a mi da	
	, Florida	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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Nicole V. Smith	24 Dockside Lane PMB 425	
		Key Largo, FL 33037	■Remove
			☐ Change
MGR	Jeffrey Whitefield Congdon	24 Dockside Lane PMB 425	= Add
		Key Largo, FL 33037	□Remove
			□Change
			Add P. 22 A. Gemove 1.
			☐ Ghange
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			Change

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ffective date, if other than the an effective date is listed, the date mus	date of filing:	optiling or more than 90 days aft	t ional) er filing \Pi	ırsuanı to 605.020
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable s	tatutory filing requirements, th	is date wil	I not be listed as
	p			
record specifies a delayed effective d is filed.	e date, but not an effective time, a	t 12:01 a.m. on the earlier of:	(b) The 9	0th day after the
April 21 Dated	2023			
/aicu/				
/// ,	1' 12'1			

Filing Fee: \$25.00