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| Special Instructions to Filing Officer: |
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T. MATTHEWS JAN 14 2022

COVER LETTER

| TO: Registration S Division of Co | | 4 | |
|-----------------------------------|--|---|--|
| SUBJECT: | 1004 Nashvil | le Street LLC | |
| | Name of Lin | nited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | J | eff Materna | |
| | | Name of Person | |
| | | Firm/Company | |
| | _ | . , | |
| | | $\frac{0 \text{ Box } 234}{\text{Address}}$ | |
| | | | |
| | | CIKTON, VA 22124 City/State and Zip Code | · |
| | | | |
| | E-mail address: (| 1 atema (a) Vahoo a to be used for future annual report notif | fication) |
| For further information of | concerning this matter, please c | all: | |
| Jeff | Materna | 703 . 935 | -3399 |
| Name o | of Person | at (703) 935 Area Code Daytime | e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| □ \$25.00 Filing Fee | (2) \$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 | | Street Address: | |
| Registration S Division of C | | Registration Sec Division of Corp | |
| P.O. Box 632 | | The Centre of T | |

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 604 Nashville | Street LLC221" -? | FN 3:31 |
|---|---|-----------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 21000523005</u> . | were filed on $12/13/21$ | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abb | previation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 17462 Front Brach Unit & Bl Panama City Brach | Rd FL 32413 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, enter the name | of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | |
| | 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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| lf an effec <u>Note:</u> If | e date, if other than the date of filing: |
| | 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 |
| e record rd is filed | 1. |
| rd is filed | |
| rd is filed | Decimber 28, 2021. |
| rd is filed | |

Elli D 605.00