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## COVER LETTER

Section Corporations		
hville Street LLC		
Name of Lin	nited Liability Company	
spondence concerning this matter	to the following:	
Jeffrey M Materna		
	Name of Person	
604 Nashville Street		
	Firm/Company	Name of Person  Firm/Company  Address  Sy/State and Zip Code  sused for future annual report notification)  at (
PO Box 234		
	Address	·
Oakton, VA 22124		
	City/State and Zip Code	
jmmaterna@yahoo.com		
E-mail address: (	to be used for future annual report noti	fication)
n concerning this matter, please c	all:	
ne of Person	Area Code Daytim	e Telephone Number
or the following amount:		
☐ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy
		ction
Corporations	Division of Cor	porations
	hville Street LLC  Name of Lin  Name of Lin  of Amendment and fee(s) are subspondence concerning this matter  Jeffrey M Materna  604 Nashville Street  PO Box 234  Oakton, VA 22124  jmmaterna@yahoo.com  E-mail address: on concerning this matter, please one of Person  or the following amount:  □ \$30.00 Filing Fee &	Address Oakton, VA 22124  City/State and Zip Code jmmaterna@yahoo.com E-mail address: (to be used for future annual report note or the following amount:    \$30.00 Filing Fee & Certified Copy (additional copy is encksed)   \$327

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

604 Nashville Street LLC.		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company florida document number 1.21000523005	were filed on 12/13/21	and assigned
·lorida document number		
This amendment is submitted to amend the following:		要
A. If amending name, enter the new name of the limited liab	oility company here:	or the altern viation v. L.C.
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the above viation d. L.C.
Enter new principal offices address, if applicable:		بن ب <u>ن</u> <del>کان بن</del>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	mer i massett uurvos	
	, Flo	rida
	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>	<u>Address</u>	Type of Action
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			□Remove
			□Change
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fective date, if other t	han the date of filing	g:	data of filing or m	(op	<b>tional)</b> er filing.) Pursuant to 605.0203
te: If the date inserted	n this block does not r	neet the applical			his date will not be listed as
cument's effective date	on the Department of S	state's records.			
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is filed.	effective date, but not	an effective fin	ie, at 12:01 a.m.	on the eartier of:	(b) The 90th day after the
	May 15	2022			
ted	· · · · · · · · · · · · · · · · · · ·				
		Jeffyll	1. Maleu	W	
	Signature of a	member or author	ized representative	of a member	<del></del>
		Jeffrey M	Materna		
		Typed or printed			