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Certified Copies		Certifica	ates of	Status
Special Instructions	s to Fil	ling Officer:	_	

Office Use Only



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	ORPORATE ACCESS, INC.	When you need ACCESS to the world:  236 East 6th Avenue. Tallahassee, Florida 32303
	P.O. BOX 3/000 (	(32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666  WALK IN
	PICE	KUP: <u>2/11 DANNY</u>
	CERTIFIED COPY	
XX	РНОТОСОРУ	
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xx	FILING	LLC AMEND
-	1801 NW 2 CT LLC (CORPORATE NAME AND DOCUM	MENT #)
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**SPECIAL** 

**INSTRUCTIONS:** 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1801 NW 2 CT LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/01/2022 and assigned Florida document number L22000034014 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 1801 - 1805 BLDG LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_\_

## 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.

City

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>	Address	Type of Action
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FEBRUARY 9TH	2022		
/s/ Elliott Teitelbau	m		
	gnature of a member or authoric	ted representative of a membe	<u> </u>

Filing Fee: \$25.00