## K22CCCO74716

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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T. MATTHEWS APR -1 2022

## **COVER LETTER**

Registration Section Division of Corporations

TO:

| 0115 1127F              | АВН                    | & AH INVESTMENTS, L                                | LC   |   |  |  |
|-------------------------|------------------------|--|--|---|--|--|
| SUBJECT:                |                        | Name of Lim  | ited Liability Company   |   |  |  |
| The enclosed Artic      | cles of An             | nendment and fee(s) are sub                        | mitted for filing.   |   |  |  |
| Please return all co    | orresponde             | ence concerning this matter                        | to the following:  |   |  |  |
|                         |                        | P. Todd  | Kennedy  |   |  |  |
|                         |                        |  | Name of Person   |   |  |  |
|                         |                        | Kenned   | y & Kennedy, P.L.  |   |  |  |
|                         |                        |  | Firm/Company   |   |  |  |
|                         |                        | 14 Sou   | theast 4th Street, Suite 36  |   |  |  |
|                         |                        |  | Address  |   |  |  |
|                         |                        | Boca Raton, Florida 33432  City/State and Zip Code |  |   |  |  |
|                         |                        |  |  |   |  |  |
|                         |                        | alexhall41@gs                                      |  |   |  |  |
|                         | -                      | E-mail address: ()                                 | to be used for future annual report not  | ification)  |  |  |
| For further inform      | ation conc             | erning this matter, please ca                      | all:   |   |  |  |
| P. Todd K               | Cennedy                |  | 561 683-2484   |   |  |  |
|                         | Name of Pe             | rson   | at ()<br>Area Code Daytin  | ne Telephone Number   |  |  |
| Enclosed is a chec      | k for the f            | ollowing amount:                                   |  |   |  |  |
| <b>■</b> \$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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |
| Divisio<br>P.O. Bo      | ation Sec<br>n of Corp | oorations  | Street Address:<br>Registration Se<br>Division of Co<br>The Centre of<br>2415 N. Monro | rporations  |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF 22 1 2 1 7,112: 47

|  |                                  | Pars on our records        | <del></del>               |
|--|----------------------------------|----------------------------|---------------------------|
| (A F   | Torida Limited Liability Company | )                          |                           |
| The Articles of Organization for this Limited Liabil Florida document number   | lity Company were filed on       | February 9, 2022           | and assigned              |
| This amendment is submitted to amend the following   | ng:                              |                            |                           |
| L22000079716  dis amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Inter new principal offices address, if applicable:  principal office address MUST BE A STREET ADDRESS) |                                  |                            |                           |
| The new name must be distinguishable and contain the words   | "Limited Liability Company," th  | e designation "LLC" or the | abbreviation "L.L.C."     |
| Enter new principal offices address, if applicable   | e:                               |                            |                           |
| (Principal office address MUST BE A STREET A   | IDDRESS)                         |                            |                           |
| Enter new mailing address, if applicable:  |                                  |                            |                           |
| (Mailing address MAY BE A POST OFFICE BO   | <u>X)</u>                        |                            | <u></u>                   |
|  |                                  | records, enter the na      | ime of the new registered |
| Name of New Registered Agent:  |                                  |                            |                           |
| New Registered Office Address:   | Enter I                          | Florida street address     | <del> </del>              |
| _  |                                  | , 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>       | <u>Address</u>           | Type of Action |
|--------------|-------------------|--------------------------|----------------|
| MGR          | Alexander B. Hall | 87666 Overseas Highway   |                |
|              |                   | Plantation Key, FL 33036 | ■Remove        |
|              |                   |                          | [] Change      |
| MGR          | Alexander B. Hall | 87666 Overseas Highway   | <b>B</b> Add   |
|              |                   | Islamorada, FL 33036     | □ Rепюче       |
|              |                   | <del></del>              |                |
|              |                   |                          | 🗀 Add          |
|              |                   | <del> </del>             | Петоче         |
|              |                   |                          | Change         |
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|              |                   |                          | □Remove        |
|              |                   |                          | Change         |
|              |                   |                          | □Add           |
|              |                   |                          | □Remove        |
|              |                   |                          | Clos           |

| ımen              | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
|-------------------|---|
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| a effo<br>te:   I | ve date, if other than the date of filing:  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| cord<br>s file    | 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  |
| ed_               | March 16 2022  Signature of a member or authorized representative of a member   |
|                   | Chy My  |
|                   | Signature of a member or authorized representative of a member  |
|                   | Alexander B. Hall, Auth Rep of Member   |

Filing Fee: \$25.00