## h22000104563

(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
Special Instructions to Fill	ing Officer:	
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Office Use Only



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FILED 2027 HAY 18 PH 12: 45 SECRETARY OF STATE

## **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Cor	porations						
CUDIFCT.	83rd Place I							
SUBJECT:Name of Limited Liability Company								
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return	all correspo	ndence concerning this matter	to the following:					
		James Date						
			Name of Person					
			Firm/Company					
		1100 Sky Place						
			Address					
		Pahrump, NV 89060						
			City/State and Zip Code	<del></del>				
		jamdate@gmail.com						
		E-mail address: (	to be used for future annual report n	otification)				
For further i	nformation c	orcerning this matter, please c	all:					
			at ()					
Name of Person		Area Code Dayt	ime Telephone Number					
Enclosed is	a check for th	ne following amount:						
<b>■ \$</b> 25,00 l	Filing Fee	☐ \$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)				
	iling Addres		Street Address:	Costion				
	gistration S vision of C	Section forporations	Registration Section Division of Corporations					
P.0	D. Box 632	.7	The Centre of	Tallahassee				
Ta	llahassee, l	FL 32314	2415 N. Mon	roe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 18 PM 12: 45

83rd Place LLC

(Name of the Limited Liability Company as it now appears on our records TALL AHASSEE. FL

The Articles of Organization for this Limited Liability Comp	pany were filed on February 28, 2022	and assigned
Florida document number L.22000104563		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited l	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	<u>s)</u>	
	·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Pl. 3	1
<del></del>	Floric	da Zip Code
New Registered Agent's Signature if changing Pegistered Ag	nont	•

## 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
AMBR	Colburn Rhodes	14180 83rd Place N	□ Add
		Seminole FL 33776	≣Remove
			□Change
			Петюче
			□Change
		<del></del>	□Add
			□ Remove
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ote: If the date inserted in this block ocument's effective date on the Depart				ory filing n	equirements.	this date	will n	ot be li	sted as
·									
record specifies a delayed effective da	te, but not a	in effective	time, at 12:	01 a.m. <b>o</b> n	the earlier of	(b) The	90th	day af	ter the
is filed.									
. May 10		2022							
ated May 10			<del></del> ·						
			<b>6</b> -						