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SECRETARY OF STATE
TALL AHASSEE, FL

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COVER LETTER

Division of Co			
B5 Santon			
SUBJECT:	Name of Lin	ited Liability Company	<u>`</u> -
·			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Alex Barthet		
	 	Name of Person	
	The Barthet Firm		
	METALON TO MAKE A LINE AND A STANDARY T	Firm/Company	
	200 S. Biscayne Blvd., #1	650	
		Address	
	Miami, FL 33131		
		City/State and Zip Code	
	alex@barthet.com	to be used for future annual report noti	fication)
For further information	concerning this matter, please c		
	contectuing with mattern products of		
Alex Barthet		786 897-2300 at () Area Code Daytim	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	the following amount:		
□ \$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. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN -3 AM 11: 44

B5 Santona, LLC		SELECT FOR LEGISLATION OF THE PARTY OF THE P
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000115105</u> .	were filed on 03/07/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
1315 University, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" 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 applicables		
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	address on our records, <u>ent</u>	er 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 add	fress
	,	FloridaZip Code
	Ciţ	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties. provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
		 	□ Add
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			□Remove
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ffective date, if other than the of an effective date is listed, the date must wote: If the date inserted in this blo ocument's effective date on the De	be specific and cannot lick does not meet the	applicable statuto	ng or more than 90 days	optional) s after filing.) Pursuant to s, this date will not be	605.0207 listed as
record specifies a delayed effective	date, but not an effe	ctive time, at 12:0	l a.m. on the earlier	of: (b) The 90th day a	after the
1 is filed.					
May 28	. 2022				
	2022				_

Filing Fee: \$25.00