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COVER LETTER

TO: Registration Se Division of Cor			
A23 Santo	na, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alex Barthet		
		Name of Person	
	The Barthet Firm		
	<u></u>	Firm/Company	
	200 S. Biscayne Blvd, Suit	ne 1650	
	 	Address	
	Miami, FL 33131		
		City/State and Zip Code	
	alex@barthet.com	to be used for future annual report notil	fication)
For further information of	concerning this matter, please co		•
Alex Barthet		786 897-2300	
Name o	of Person	at () Area Code Daytime	e Telephone Number
P 1 42 1 4.5	N. C.H., A		
Enclosed is a check for t	_	FI SES DO CIUma Dan W	☐ \$60.00 Filing Fee.
□ 323.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 633		The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN -3 AM 11: 41

A23 Santona, LLC		\$41
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	SELME MARY UF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000115108</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	oility company here:	
1311 University, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	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 agent and/or the new registered office address here:	address on our records, enter th	ne name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Pagistand Office Address		
New Registered Office Address:	Enter Florida street address	
	Flor	rida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
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 being filed to merely reflect a change in the registered office	e performance of my duties, and provided for in Chapter 605, F.	I I am familiar with and .S. Or, if this document is

company has been notified in writing of this change.

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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			DAdd
			□Remove
			□Change
			DAdd
			□Remove
			□Change
		⊏	□Add
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E. Effective date.	. if other than the	e date of fili	ng:			(option	al)	
(If an effective date <u>Note:</u> If the da	e is listed, the date mute inserted in this bective date on the I	ist be specific at lock does not	nd cannot be pr meet the app	licable statuto	ing or more than ry filing requir	90 days after fil	ing.) Pursuan	t to 605.020 be listed a
f the record specific record is filed.	es a delayed effecti	ve date, but no	ot an effective	: time, at 12:0	I a.m. on the e	arlier of: (b)	The 90th da	ay after the
Dated May 28			2022					
	<u> </u>	1	\times	 ·				
		111	. 1\ / \					

Filing Fee: \$25.00

Typed or printed name of signee