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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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of 4/23/2022

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	Dow	vntowner App 202	1, LLC			
SUBJECT.	Name of Lim	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		Ryan Spaargaren				
		Name of Person				
	Dow	ntowner App 202	1, LLC			
Firm/Company						
210 NE 4th Ave						
Address						
	Del	ray Beach, FL 334	183			
		City/State and Zip Code				
		@ridedowntowner				
For further information c	oncerning this matter, please c					
Rvan S	paargaren	at (561)	635-0419			
Name of Person		at () Area Code D	sytime Telephone Number			
Enclosed is a check for the	he following amount:					
□ \$25.00 Filing Fee	X \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	The Centre	n Section Corporations of Tallahassec onroe Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIED

2022 APR -7 PM 12: 09 Downtowner App 2021, LLC (Name of the Limited Liability Company as it now appears on our recordSECh. STATE (A Florida Limited Liability Company) 05/17/2013 and assigned The Articles of Organization for this Limited Liability Company were filed on _____ Florida document number ___ L22000129510 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Downtowner App. LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 City

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 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

Title	<u>Name</u>	Address	Type of Action
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			□Change
			□Remove
			□Change
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