K22000142105

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22 MAY 15 PH 3: 18

T. MATTHEWS

JUL 15 2022

COVER LETTER

TO:

Tallahassee, FL 32314

FO: Registration Sec Division of Corp			
	A LLC	·	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	JOSEPH SYLVIA JR		
	Name of Person Firm/Company 459 DEERFIELD RD. Address SAINT AUGUSTINE FLORIDA 32095 City/State and Zip Code jsyl@usa.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: LVIA JR Name of Person Area Code Daytime Telephone Number check for the following amount:		
		Firm/Company	filing. pwing: The of Person Address O95 The and Zip Code For future annual report notification) 904
	459 DEERFIELD RD.		
		Address	
	SAINT AUGUSTINE FLO	PRIDA 32095	
		City/State and Zip Code	
		to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
JOSEPH SYLVIA JR		at (
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addre		<u>Street Address:</u> Registration Se	ection
Registration	Section Corporations	Division of Co	
P.O. Box 63	-	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION SECRETARY OF STATE OF ORYGINATIONS OF CORPORATIONS

22 MAY 16 PM 3: 18

LA POSADA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	pany were filed on 03/23/2022	and assigned
Florida document number L22000142105		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	H. Liebility Company " the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>ente</u>	r the name of the new registered
-		
New Registered Office Address:	Enter Florida street add	ress
	•1	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this capacity. I mplete performance of my duties, ent as provided for in Chapter 60	5, F.S. Or, if this document is
	If Changing Registered Agent, Signatu	re 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	Name	Address	Type of Action
AMBR	JOSEPH SYLVIA JR	459 DEERFIELD RD ST. AUGUSTINE FL 32095	BAdd
			□Remove
			Change
MGR	SUSAN MCCLURE	141 SWALLOW RD. ST.AUGUSTINE FL 32086	= Add
			Remove
			Change
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Offective d	ate, if other than the d	ate of filing	. 05/13 /2022 :		(optional)	(05.000
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Note: it in document's	effective date on the Dep	partment of St	tate's records.		5 1		
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rd is filed.	•						
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Dated	//J	Signature of a n	nember or author	zed representati	ve of a member		