## NRROOO 175582

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2022 JUN -8 PH 6: 05

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S. PRATHER

## **COVER LETTER**

TO: Registration Division of C			
	LBD LLC	•	
SUBJECT:	Name of Lim		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Francis X. J. Lynch, Esqui	re	
	M	Name of Person	<del>-</del>
	Sniffen & Spellman, P.A.		
		Firm/Company	
	605 North Olive Aveneue,	2nd Floor	
	· · · · · · · · · · · · · · · · · · ·	Address	
	West Palm Beach, FL 334	01	
		City/State and Zip Code	
	flynch@sniffenlaw.com		
For further informatio	n-mail address: ( n concerning this matter, please c	to be used for future annual report no all:	aucanon)
Francis X. J. Lynch		561 721-4004 at ()	
Nam	e of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for	or the following amount		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		Street Address: Registration S	ection
=	on Section  f Corporations	Division of Co	
P.O. Box 6	5327	The Centre of	
Tallahassee, FL 32314 2415 N. Monro		oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUN -8 PH 6: 05
(ALL) MASSEE FLORIDA

7930 SE LBD 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 Company were filed on April 12, 2022 Florida document number \_ L22000175582 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 7930 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

## 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

Florida

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
MGR	Walter A. Stackler	34 Rockwood Road	
		Plandome, NY 11030	□Remove
			□Change
MGR Walter L. Stackler, Jr.	Walter L. Stackler, Jr.	34 Rockwood Road	
		Plandome, NY 11030	■Remove
			□Change
			□Remove
		🗆 🗀 Change	
			🗆 🖂 Add
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Effective date, if other than if an effective date is listed, the da Note: If the date inserted in a document's effective date on	ite must be specific and ca this block does not mee	unot be prior to date of f et the applicable statut	iling or more than 90 days at	er filing ) Pursuant to 605.03	207 (3) Las the
e record specifies a delayed ef rd is filed	ffective date, but not ar	n effective time, at 12.	01 a.m. on the earlier of:	(b) The 90th day after t	he
Dated May 20		2022			
Inla	165 1 14	able			
UUU		270			1055 JUM

Filing Fee: \$25.00

Typed or printed name of signee