## L22000217861

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Decument Musels a)
(Document Number)
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cf 3/13/2022

## **COVER LETTER**

Div	ision of Cor	porations				
SUBJECT:	National Oldest Byrd House LLC					
SUBJECT.		Name of Limi	ited Liability Company	<del></del>		
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Charles Hall				
			Name of Person			
		Hall Financial Corporation				
	<del></del> _					
		3791 A1A South Suite B				
		<del></del> -	Address			
		St Augustine, Fl 32080				
			City/State and Zip Code			
		CTA1040@AOL.COM	to be used for future annual report notif			
For further in	eformation c	oncerning this matter, please ca	·	(cation)		
		oncerning this matter, please or				
Charles Hall			904 471-3100 at () Area Code Daytime			
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed is a	check for th	ne following amount:				
□ \$25.00 F	iling 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)		
	iling Addres		Street Address: Registration Sec	tion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

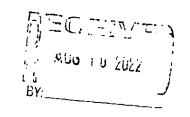
TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303





Division of Corporations



August 1, 2022

CHARLES HALL 3791 A1A SOUTH SUITE B ST AUGUSTINE, FL 32080

SUBJECT: NATIONAL OLDEST BYRD HOUSE LLC

Ref. Number: L22000217861

We have received your document for NATIONAL OLDEST BYRD HOUSE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit corporation, but your entity is a Limited Liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 922A00017181

Claretha Golden Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 AUG 10 AHII: 28

National Oldest Byrd House LLC

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

	a May 9 2022			
The Articles of Organization for this Limited Lia		and assigned		
Florida document number L2200217861	<del></del> .			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company here:			
Nations Oldest Byrd House LLC				
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC	or the abbreviation "L.L.C."		
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE B	<u></u>			
B. If amending the registered agent and/or reagent and/or the new registered office address		the name of the new registe		
age in and/or the new registered white address	· · · · · · · · · · · · · · · · · · ·			
Name of New Registered Agent:				
Now Paristored Office Address:	Enter Florida street addres			
New Registered Office Address:	enter r torida street address			
New Registered Office Address.		orida		

## 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 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
			□Remove
			Change
			□Add
			□Remove
			Change
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ote: If the date in	other than the da isted, the date must be isserted in this block we date on the Depar	does not meet	the applicabl	date of filing or le statutory fil	more than 90 d ling requireme	_ (optional) ays after filing nts, this date	.) Pursuant to 66 will not be li	05.0207 sted as
is filed.	delayed effective da	te, but not an e	effective time	e, at 12:01 a.n	n. on the earlie	erof:(b) T	ne 90th day afi	er the
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Filing Fee: \$25.00