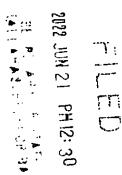
## h22000243693

Office Use Only



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400 d. 07/14/22

## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		
250 Overlo SUBJECT:	ok Drive LLC		, · · · · · · · · · · · · · · · · · · ·
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rhonda Humphrey		
		Name of Person	
		Firm*Company	
	5104 Royce rive		
		Address	
	Mt. Dora : Florida 32757		
		City/State and Zip Code	
	rablake59@gmail.com	to be used for future annual report noti	diegion)
For further information c	oncerning this matter, please c		neallon,
Rhonda Humphrey		352 396-0618	
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne 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
Mailing Address Registration ! Division of C P.O. Box 632 Tallahassee.	Section 'orporations '7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

250 Overbok Drive LLC	250 Ou	erlook Ar Ja	SC.		
(Name of the Lin	ited Liability Company as it (A Florida Limited Liability	now appears on our records. Company)	)		
The Articles of Organization for this Limited Florida document number 1.22000243693	Liability Company were t	filed on <u>5/25/2022</u>		_ and a	ssigned
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liability co	ompany here:			
The new name must be distinguishable and contain the	words "Limited Liability Con	npany," the designation "LLC"	or the abbrev	riation "l	1C."
Enter new principal offices address, if appl			<u>₹10</u>	202	
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>	
	<u></u>		** ** *******	2	
			181 T	PM 12	
Enter new mailing address, if applicable:				− <u>∽</u> 	
(Mailing address MAY BE A POST OFFICE BOX)				<u>3</u>	
			<u>_</u>	<del></del>	
B. If amending the registered agent and/or agent and/or the new registered office addr		s on our records, <u>enter th</u>	ie <u>name o</u>	f the ne	w register
	<del></del>				
Name of New Registered Agent:	Rhonda Blake				
New Registered Office Address:	5104 Royce Drive				
	Enter Florida st				
	Mt. Dora	Flor	ida <u>32757</u>		
	Ci			Zip Code	

## 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Rhonda Humphrey	5104 Royce Drive	[]Add
		Mt Dora "Fl 32757	■Remove
			☐Change
	Rhonda Blake	5104 Royce Drive	≣Add
		Mt Dora Fl. 32757	□Remove
			□Change
			□Add
			□Remove
			⊟Change
			□Add
			□Remove
			□Change
			[]Add
			□Remove
			[]Add
			□Remove
			□Change

	(, <u>, , , , , , , , , , , , , , , , , , </u>
(If an et <u>Note:</u>	tive date, if other than the date of filing: 5/5/5055 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
ie reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	6/17/2022
	Signature of a member or authorized representative of a member
	$\mathcal{D}(1, \mathcal{D}(1))$
	Typed or printed name of signee