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(Requ	estor's Name)	
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2022 JUL 11 PH 6: 21 SALLALISSEE FLORIDA

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## **COVER LETTER**

TO:

**Registration Section** 

Division of Corp	orations		
	T. 0	Tu	
SUBJECT:	THE PATIO AT 5	TH AND ASH LLC ited Liability Company	<del>.</del>
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing	
The enclosed Afficies of A	anonament and rectar are suo	mined for ming.	
Please return all correspon	dence concerning this matter	to the following:	
	Su	out Cline	
		Name of Person	<del> </del>
	THE	PATIO AT 5 h As ASA Firm/Company	
		Firm/Company	
	416 ASA	1 うつんにて Address	
		Address	
	ST. Averson	SE F\ 32034 City/State and Zip Code	<u>=-</u>
	TMÉ	5 CliNES CAOL. COM to be used for future annual report not	fication
For further information co	neerning this matter, please ca		
Siett	Clina	ar (386 ) 795-	5044
Name of	Person	at ( <u>386</u> ) 795- Area Code Daytim	ne Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing 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)
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Se	
Division of Co	-	Division of Cor	•
P.O. Box 6327 Tallahassee, F		The Centre of T	allahassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- A	TL.	2022 JUL 1 ALL ARAS
THE PATIO	AT 5 TH AND ASH	<u>}-</u>
(Name of the Limited Liar (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 6 20 22	and assigned 6: 21
Florida document number <u>L22000279531</u>	· ·	
This amendment is submitted to amend the following:		景。2
A. If amending name, enter the new name of the li	mited liability company here:	
7		
The new name must be distinguishable and contain the words "L	imited Liability Company" the designation "LLC" or the	abbreviation "LLC"
	same classify company, the designation like of the	abble viation 1.1.E.C.
Enter new principal offices address, if applicable:	<u></u>	<del></del>
(Principal office address MUST BE A STREET ADI	DRESS)	<del></del>
		-
Enter new mailing address, if applicable:		
	102	
(Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
B. If amending the registered agent and/or register	red office address on our records, enter the na	me of the new registered
agent and/or the new registered office address here	<b>:</b>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	P1 - 1	
	, Florida _	Zin 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.

THE	EFFECTI	VE DATE	NEEDS	TO.	8€	7)5	2022		
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ctive dat	e, if other thai	n the date of f	iling:	7 5	2022		(opt	ional)	
effective da	ite is listed, the dat	te must be specific	and cannot be	prior to di	ate of fili	ng or mor	re than 90 days after	er filing.) Pursuant to 605.0	020
ument's ef	fective date on t	the Department	of State's reco	ords.	siaiui0.	y ming	requirements, th	ns date will hot be ilste	ua
cord specif	ies a delayed off	fective date, but	not an effecti	ve time,	at 12:0	l a.m. or	n the earlier of: (	b) The 90th day after	the
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ed		Signature o	of a member or	authorize	d represe	entative o	f a member	्रिकः सर्वे	
ed		Signature o	of a member or :				f a member	SEE, FLORID	9009 .IIIL 11 PH 6:2

Filing Fee: \$25.00