## h22000305804

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## **COVER LETTER**

TO: Registration Se Division of Cor			·		
183 RHONDA DEL SOL CIRCLE, LLC					
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		Name of Person			
	THE LAW OFFICES OF .	JAMES D. ALLEN, P.A.			
Firm/Company				0.5	
50 N. LAURA STREET, SUITE 2500				2922 AUG - I	
		Address		- 9 <u>1</u>	
	JACKSONVILLE, F1, 322	102	بر ماد		
	JAMES2JDA-LAW.COM	City/State and Zip Code	21 5 JA 16 J	MH: 36	
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	(fication) द्र	<i>c.</i> –	
JAMES ALLEN, ESQ.		904 508-3061 at ()			
Name o	f Person		ne Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	<ul> <li>□ \$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	S60.00 Filing Fee, Certificate of Status Certified Copy tadditional copy is enclo		
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection		
Division of C	orporations	Division of Co	Division of Corporations		
P.O. Box 632 Tallahassee			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

183 RHONDA DEL SOL CIRCLE, 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  $\stackrel{07/08/2022}{-}$ \_\_ and assigned Florida document number 1.22000305804 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 463688 STATE ROAD 200 Enter new mailing address, if applicable: **SUITE 1217** (Mailing address MAY BE A POST OFFICE BOX) YULEE, FLORIDA 32097 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.

City

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
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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			Change
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Typed or printed name of signee