## h22000327544

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations	•	of 1 € 1
	eigh Realty, LLC	mited Liability Company	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ryan Williams, Esq.		
		Name of Person	
	T Ryan Williams Law Gro	oup	
	·	Firm/Company	
	90 Fort Wade Road, Suite	100	
	···	Address	·
	Ponte Vedra, Florida 3208	i	
	<del></del>	City/State and Zip Code	
	contact@trw.law		
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please ea	all:	
Ryan Williams, Esq.		904-930-41 at ()	
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for th	ne 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)
Mailing Address Registration S	Section	Street Address: Registration S	
Division of C P.O. Box 632		Division of Co The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



James McVeigh Realty, LLC

2022 AUG 29 PM 3: 56

( <u>Name of the Limited Li</u> (A Fl	iability Company as it no lorida Limited Liability Co	w appears on o ompany)	our records.)	OF STATE	
The Articles of Organization for this Limited Liabili	ity Company were file	ed on July 25.	2022	and assigned	
Florida document number 1.22000327544	<del>.</del>				
This amendment is submitted to amend the followin	ıg:				
A. If amending name, enter the new name of the	limited liability com	pany here:			
James McVeigh, LLC					
The new name must be distinguishable and contain the words	"Limited Liability Compa	ny," the designa	ition "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable	:				
(Principal office address MUST BE A STREET A	DDRESS)				
Enter new mailing address, if applicable:			<del></del>	··	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>				
B. If amending the registered agent and/or regist agent and/or the new registered office address he		on our record	is, <u>enter the n</u>	ame of the new registered	
Name of New Registered Agent:	<del></del> -				
New Registered Office Address:			<u> </u>		
	Enter Florida street address				
_	Cin		Florida	Zıp Code	
	•			zip Code	
New Registered Agent's Signature, if changing Regis					
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	nd complete perform ed agent as provided stered office address,	ance of my o for in Chap	luties, and Lai ter 605, F.S. C	m familiar with and Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager
AMIRD -	Authorized Mombar

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
	, <u>aaaaaa,</u>		
			□Remove
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an effective da (ote: If the da	, if other than the c e is listed, the date must te inserted in this bloo ective date on the Dep	be specific and can ck does not meet	not be prior to da the applicable	te of filing or more statutory filing r	(option than 90 days after frequirements, this	iling.) Pursuant to 605	5.0207 ed as
record specifi is filed.	es a delayed effective	date, but not an	effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th day after	r the
ated August	24	1/5/	2022				
		WV					
	/ s	ignature of a mem	iber or authorized	i representative of	a member		

Filing Fee: \$25.00