L2200361739

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

Y-7 PH 2: 40

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COVER LETTER

TO: Registration Services Division of Con				
1271 Ingle	side Ave, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The analoged Amieles of	`Amendment and fee(s) are sub	contract for filling		
	ondence concerning this matter	-		
	Kyle Musser			
		Name of Person		
	1271 Ingleside Ave, LLC			
	1	Firm/Company		
	1278 Talbot Ave			
	_	Address		2025 SEC
	Jacksonville, FL 32205			HAY OREI ALL
	kylefromjax@gmail.com	City/State and Zip Code		2025 HAY -7 PH 2: 40 SECRETALLY OF STATE TALLAHASSEE, FL
		to be used for future annual report notif	ication)	SSE ₽
For further information of	concerning this matter, please c	all:		2: 40 SIAT E. FL
Kyle Musser		904 312-2202 at ()		TE O
Name o	of Person		Telephone Number	
Enclosed is a check for t	he 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 Certificate of Certified Cop (additional copy	Status & oy
Mailing Addres		<u>Street Address:</u>		
Registration Section Division of Corporations		Registration Sec Division of Cor		
P.O. Box 6327		The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1271 Ingleside Ave, LLC				
(Name of the Lim	ited Liability Company a (A Florida Limited Liabi	s it now appears on our l lity Company)	records.)	
The Articles of Organization for this Limited I		re filed on 8/18/22	and ass	signed
Florida document number L22000361739	·			
This amendment is submitted to amend the fol	lowing:			
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 C	Company," the designation	"LLC" or the abbreviation "L	? C." 28
Enter new principal offices address, if appli	cable:		ALI	
(Principal office address MUST BE A STREET ADDRESS)			<u>手)</u> 	
	-			\
Enter new mailing address, if applicable:				2025 MAY 17 PH 2:
(Mailing address MAY BE A POST OFFICE BOX)			רי	
B. If amending the registered agent and/or agent and/or the new registered office address.		ress on our records, <u>s</u>	enter the name of the nev	v registered
Name of New Registered Agent:	Kyle Musser			
New Registered Office Address:	1278 Talbot Ave			
	Jacksoniville Var I	Enter Florida street of Son Wille City	address 32205	
		City	_, Florida <u></u>	

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.

Kyle Mussler

If Changing Registered Agent, Signature of New Registered Agent

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
	PEEK & MISKA	200 E. FORSYTH	🗖 Add
		Jacksonville, FL 32202	≣Remove
			Change
			SECRETERY US STATE
			
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
	 -		□Add
			CRemove
			Change
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			Change
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