## h22000 369165

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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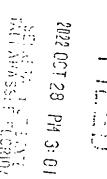
Office Use Only

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## **COVER LETTER**

TO:

TO: Registration S Division of Co			
	Mills, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Matthew Quattro		
		Name of Person	
		Firm/Company	
	2163 Siesta Drive		
	Sarasota, FL 34239	Address	
	mq12341@gmail.com	City/State and Zip Code	
		to be used for future annual report notification)	_ <del>_</del>
For further information	concerning this matter, please ea	ali:	
Mathew Quattro		609 213-4782	
Name	of Person	at () Area Code Daytime Telephone l	Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Addre Registration Division of C	Section	Street Address: Registration Section Division of Corporations	
P.O. Box 63 Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

3150 Eden Mills, LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L22000369165}{L22000369165}$ .	were filed on 8/23/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2163 Siesta Drive	
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34239	
Enter new mailing address, if applicable:	2163 Siesta Drive	203 S S
(Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 34239	- 10 12 S T
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	(A) (B) (C)
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	
	, F	Florida 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 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>	<u>Name</u>	Address	Type of Action
			□Add
		-	Remove
			□Change
			□Add
		-	□Remove
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ffective date, if other than t	he date of filing:		(optional)	
an effective date is listed, the date is lote: If the date inserted in this	aust be specific and cannot be pr	rior to date of filing or more t	han 90 days after filing.) Purs	
ocument's effective date on the			quirements, time date with	in the fifted the
record specifies a delayed effect is filed.	tive date, but not an effectiv	e time, at 12:01 a.m. on the	he earlier of: (b) The 90t	h day after the
October 25	2022			
4				
		anorized representative of	//	

Filing Fee: \$25.00

Typed or printed name of signee