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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

Division of Cor		;	÷
Model 520 SUBJECT:	LLC	•	•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	amitted for filing	
reace record an concespo	machee concerning was maken	to die following.	
	Victor M Valentin		
		Name of Person	<del>.</del>
	Name of Limited Liability Company		
	221 Desoto St	nitted for filing.  o the following:  Name of Person  Firm/Company  Address  City/State and Zip Code com o be used for future annual report notification)  II:  at (863 242-5849 242-58	
		Address	
	Daytona Beach, FL, 32114	1	
		•	
	· ·		fication)
For further information c			
Victor M Valentin	-		
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres	s:	Street Address:	
Registration S	Section	Registration Se	
Division of C P.O. Box 632	-		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Model 520 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 August 25, 2022 and assigned Florida document number 1.22000374454 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Cin

## 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>	<u>Address</u>	Type of Action
	***		□ Add
			□Remove
			□Change
		-127	□Add
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The	purpose of this LLC is to engage in any and all lawful business.	
	<del></del>	
-		
effecti <u>e:</u> If t	date, if other than the date of filing:	
ord sp	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
<del>e</del> d	July 3, 2024	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00