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## **COVER LETTER**

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TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT: /621	Bay Road 10 Name of Lim	02 UC		
	Name of Lim	ited Liability Company	<del></del>	
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		
	Paul A. Mek	enna d' Associates C	PA	
		Firm/Company		
	2300 Biscan	ne Blad Suite 20 Address	SECRETARY OF STATE TALLAHASSEE, FL	
	<u> </u>	Address	2 OC CRE ALL	- 12
	Since B	82138	TAP	; <del></del>
	Tham Te	83/38 City/State and Zip Code		
	Paul & PHOK	to be used for future annual report notifi		ACC S
	E-mail address: (	to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please or	all:	• •	
Paul A. M.	ckena	at ( <u>805</u> ) <u>662-9</u> . Area Code Daytime	308	
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	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 Addres		Street Address:		
Registration S Division of C		Registration Sec Division of Corp		
P.O. Box 632	•	The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ü	r	202 SE
1621 Bay Road 1002 LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	TOT 20 20CT 2C CRETAR ALL AH
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000 394/9</u> 9		20 Argo: 10 ARY OF STATE WHASSEE, FL
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the Mill Bay Road In Mill Beach R	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1621 Bay Road O Migmi Beach R	1002 33139
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the t</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	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
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		1421 Bay Road Unit 1002 Migmi Beach & 88139	□Remove
			<b>W</b> Change
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Filing Fee: \$25.00