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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
540 Foothil	l Farms Road, LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jared Lowe		
		Name of Person	
	540 Foothill Farms Road.	LLC	
		Firm/Company	
	1510 E Lansdowne Ave		
	**************************************	Address	
	Orange City, Fl. 32763		
		City/State and Zip Code	
	JLowe84@gmail.com		
		to be used for future annual report no	incation)
	oncerning this matter, please c		
Jared Lowe		305 304-5646	
Name	of Person	at () Area Code Davtir	me Telephone Number
Name	T CISON	Area code Dayin	ac receptore realises
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 5		Registration Se	
Division of C		Division of Co	- -
P.O. Box 632		The Centre of	
Tallahassee, l	rl 34314	Z410 IN. MIONIC	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

540 Foothill Farms Road, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our reco Clability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on (19/29/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
55 Hazelwood Rd LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	221 Ravenshill Way	
(Principal office address MUST BE A STREET ADDRESS)	Deland, FL 32724	
Enter new mailing address, if applicable:	221 Ravenshill Way	
(Mailing address MAY BE A POST OFFICE BOX)	Deland, FL 32724	Ch.
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
		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 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	<u>Address</u>	Type of Action
			🗀 Add
			□Remove
			Change
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	late of filing:	prior to date of filing or mon	optional (optional than 90 days after filing	l) g.) Pursuant to 605.020
ective date, if other than the d	be specific and cannot be n			
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