L22000482789

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CAPITAL CONNECTION, INC.

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281 TERR LLC	·		
Please Debit FCA00	0000003 For: ²⁵		
Thank you Seth Nee	·lev		
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Walk-In	Will Pick Up	Courier	

COVER LETTER

TO: Registration Se Division of Cor			
281 TERR	LLC		
SUBJECT: Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SUSANA SALDARRIAC	JA	
		Name of Person	
	DIEGO L RESTREPO P.A	Α.	
	Firm/Company		
	2600 SOUTH DOUGLAS ROAD SUITE 913		
		Address	
	CORAL GABLES, FL. 33	3134	
		City/State and Zip Code	
	SSALDARRIAGA@REST	REPOLAW.COM to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c		,
SUSANA SALDARRIAGA		305 447-9430	
Name of Person		at ()	e 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 Address: Registration Section		Street Address: Registration Sec	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zip Code

281 TERR LLC	2023 JUH 22 PM 12: 10
(<u>Name of the Limited 1</u> (λ)	.iability Company as it now appears on our records.)
	$\sim 2 m^{-3}$
The Articles of Organization for this Limited Liabi	lity Company were filed on 11/10/2022 and assigned
Florida document number L22000482789	
This amendment is submitted to amend the followi	ng:
A. If amending name, enter the new name of the	e limited liability company here:
HS 13949 LLC	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or regis agent and/or the new registered office address h	stered office address on our records, <u>enter the name of the new registered</u> ere:
agent and of the new registered white address.	
Name of New Registered Agent:	
New Registered Office Address:	
iven registered Office Address.	Enter Florida street address
	Florida

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.

City

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
			□Change
			CJAdd
			□Remove
			Change
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	5.0207 (; ed as th
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ord is filed.	r the
Dated JUNE 22ND . 2023	
Signature of a member or authorized representative of a member	
DIEGO L. RESTREPO, ESQ., AS AUTHORIZED REPRESENTATIVE OF A MEMBER	

Filing Fee: \$25.00

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations			
281 TERR	LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	·		
r lease return an correspe	ondence concerning this matter	to the following.		
	SUSANA SALDARRIAC	iA		
	Name of Person			
	DIEGO L RESTREPO P.A	۸.		
	Firm/Company			
	2600 SOUTH DOUGLAS ROAD SUITE 913			
	Address			
	CORAL GABLES, FL, 33134			
		City/State and Zip Code		
	SSALDARRIAGA@REST			
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
SUSANA SALDARRIA	AGA	305 447-9430 at (
Name o	Name of Person Area Code Daytime Telephone Number		e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 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 Address: Registration Section		Street Address: Registration Section		
Division of C		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303