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## **COVER LETTER**

TO: Registration So Division of Con		,		
subject: <u>900</u>	Jupiter Pa	rk LLC nited 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:		
	Michae	L. Grant Name of Person		
	<u>Warren</u> S	B Grant, P. A Firm/Company		
	4800 N. Fed	teral Hwy, Suit	-c A-a05	2022 DEC
	Boca Rate	On, FL 33431 City/State and Zip Code		-2 PH
	Michaele E-mail address:	Warrengrant.	com :	12 H
For further information c	oncerning this matter, please c	all:		pi 🖅
Taylor Bar	COU di of Person	at ( <u>541</u> ) <u>681-</u> Area Code Dayti	me Telephone Number	_
Enclosed is a check for the	he following amount:			
XJ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of \$ Certified Copy tadditional copy is	Status & ,
Mailing Address Registration S Division of C	Section Corporations	Street Address: Registration S Division of Co	orporations	
P.O. Box 632	. 1	The Centre of	r arranassec	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	- Park LLC
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>Laa000487a.13</u>	Company were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Limitation of the contain	ited 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 ADDR	MESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	FIT NO
	I office address on our records, <u>enter the name of the new registerec</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u> </u>	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	Address	Type of Action
DVT	Kabalin, Lynda F	944 Turner Quay	□Add
		Jupiter, FL 33458	X Remove
			□Change
DPS	Kabalin, Paul S.	944 Turner Quay	□Add
		Jupiter, FL 33458	[XRemove
			SE ZB TE □Chinge ER □
<u>M</u> _	<u>Kabalin, Paul S.</u>	944 Turner Quay	
		Jupiter, FL 33458	
		<u></u>	□Change
		···	∐Add
			□Remove
			□ Change
			□Add
			[]Remove
			Change
			□Add
			<b></b> .

□Remove

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	η #
fective date, if other than the date of filing:	(optional) e of filing or more than 90 days after filing.) Pursuant to 605.02
ote: If the date inserted in this block does not meet the applicable socument's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effective time, a list filed.	t 12:01 a.m. on the earlier of: (b) The 90th day after the
12-1 2022	
ated 12-1 2023	
Signature of a member or authorized	

Filing Fee: \$25.00