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S. ROBERTS

JUN 2 3 2023

COVER LETTER

TO: Registration Se Division of Cor				
	EST WAY LLC			
Name of Limited 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:		
	Kyle Killeen			
		Name of Person		
	Storey Law Group, P.A.			
		Firm/Company		
	221 NE Ivanhoe Blvd., Ste	:. 300		
	Address			
	Orlando, FL 32804			
		City/State and Zip Code		
	ronnie@calidahospitality.co			
For Coat or information		to be used for future annual report no	Hilication)	
	concerning this matter, please c			
Kyle Killeen		407 488-1225 at ()		
Name o	of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration S	Section	
Division of C	Corporations	Division of C	orporations	
P.O. Box 631		The Centre of		
Tallahassee,	LL 34314	2413 N. MON	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIDGECREST WAY LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on January 6, 2023	and assigned
Florida document number L23000016277		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lie	ability company here:	
145 Douglas Ave LLC		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20"
(Principal office address MUST BE A STREET ADDRESS)		<i>ب</i> بــــ :
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>o</u>
		<u></u>
B. If amending the registered agent and/or registered offic	e address on our records, enter the n	ame of the new registere
agent and/or the new registered office address here:		
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 Agen	<u>ıt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance of my duties, and I a us provided for in Chapter 605, F.S. (m familiar with and Or, if this document is

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
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			Change
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			□Remove
			□ Change

ffective date, if other than the date of filing: 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 605.0207 doing: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. 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 the 1 is filed. May 2 2023 Signature of a thember or authorized representative of a member Kyle Killeen, Authorized Representative					
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	14,0		 `		
Kyle Killeen, Authorized Representative		Signature of a member or	authorized representa	tive of a member	
	Kvle Killeen, Authori:	ed Representative			

Filing Fee: \$25.00