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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corpor | | | | |
|---|---|--|--------------------------------------|---|
| SUBJECT: | 1220 Vo | 14519 LL | \mathcal{C} | |
| | Name of Lim | ited Liability Company | | |
| | | | | |
| The enclosed Articles of Arr | nendment and fee(s) are sub | mitted for filing. | | |
| Please return all corresponde | ence concerning this matter | to the following: | | • |
| | THERESA | M HARTY Name of Person | ———————————————————————————————————— | |
| | 1220 | VOLUSIA LL | -C | |
| | POBOX | 254 Address | | |
| | LAKE H | EVEN FL City/State and Zip Code 1 D G M a 1 1 to be used for future annual r | 32744 | · |
| - | hartyter E-mail address: () | Damail. | com | |
| For further information conc | | | | |
| LAVRA M. Name of Pe | PETRUCY From | at (<u>508</u>) Area Code | 333-130 Daytime Telephor | O |
| Enclosed is a check for the f | ollowing amount: | | | |
| X S25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl | | \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed) |
| Mailing Address: Registration Sec | rtion | <u>Street Ad</u> Registra | <u>Idress:</u> ition Section | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1220 VOLU | 151A | LLC | | | |
|---|---|--|---------------------|------------------------------|------------------|
| (<u>Name of the Limited Lia</u> (A Flo | <mark>bility Compan</mark> rida Limited Li | y as it now appears on our ability Company) | records.) | 202; | |
| The Articles of Organization for this Limited Liability Florida document number <u>L230000360</u> | 213. | vere filed on <u>JANU</u> | <u> </u> | | |
| This amendment is submitted to amend the following | ·· | | ; | 第70 3 5 円の 3 5 | D |
| A. If amending name, enter the new name of the l | <u>imited liabil</u> | ity company here: | | AHII: 53 | |
| The new name must be distinguishable and contain the words "l | Limited Liabilit | y Company," the designation | on "LLC" or the abl | breviation "L.L.C. | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD | DRESS) | 313 SOU ORANGE | ITH VOL | - <u>USIA</u> FL | LENUE |
| Enter new mailing address, if applicable: | | 3276 PU BU, LAKE 3, | 3 | ···· | |
| (Muiling address MAY BE A POST OFFICE BOX) | | LAKE. | HELEN | | |
| | • | 3, | 2763 | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address: | <u>e</u> : | | enter the name | e of the new re | <u>egistered</u> |
| | | | | | |
| | E/// | City | , Florida | Zip Code | <u></u> |

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
|-------|-----------------|----------------------|----------------|
| MGRM | THÉRESA M HARTY | . 3/3 SOUTH VOLUSIAP | V E□Add |
| | | OR ANGE CITY, FL | □Remove |
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Filing Fee: \$25.00