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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

ΓΟ: Registration Solution of Co.			•
	95 EDGEWA	TER UNIT 108, LLC	
SUBJECT:	Name of Lin	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:	
		THOMAS ZIEGENHARDT	
		Name of Person	
		Firm/Company	
		Address	2023 FEB 21 PM 2: 39 SECTAL AND STEEL STATE TALL AND ASSET, FL
		City/State and Zip Code THOMZ@ATT.NET	
For further information o	E-mail address: (concerning this matter, please c	to be used for future annual report notif	fication)
	EGENHARDT	954 647-8371	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Sec	ction
Division of C	Corporations	Division of Corp	porations
P.O. Box 632	2.7	The Centre of T	alianassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

95 EDGEWATER UNI	T 108. LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appear bility Company)	s on our records.)		_
The Articles of Organization for this Limited Liability Company we Florida document numberL23000043424	ere filed on	01/24/2023	and	l assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	ty company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liability	Company," the de	signation "LLC" or th	he abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>	023
(Principal office address MUST BE A STREET ADDRESS)				E 2
Enter new mailing address, if applicable:			23 h 60 f 10 c	PR C
(Mailing address MAY BE A POST OFFICE BOX)			프트	<u> </u>
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our re	cords, <u>enter the r</u>	name of the	new register
Name of New Registered Agent:		••	. <u>.</u>	- · · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Flori	da street address	-	
		, Florida		
	City		Zip C	ode
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 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>	Name	Address	Type of Action
AMBR	THOM ZIEGENHARDT	44 N PROSPECT DRIVE	□Add
		CORAL GABLES, FLORIDA 33133	∃ Remove
			□Change
AMBR	GEORGE RICHARD HARTER	8040 MILLIKIN ROAD	≡ Add
		MIDDLETOWN, OHIO 45044	□Remove
			□Change
			SECTION BRemove
			Hehange 22
			□Remove
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lf an effective <u>Note:</u> If the	ate, if other tha date is listed, the da date inserted in t effective date on	te must be specifi his block does r	c and cannot be not meet the a	pplicable stati	filing or more t	han 90 days afte		
		fective date, but	t not an effect	ive time, at 12	:01 a.m. on th	ne earlier of: (t) The 90th	day after th
	cifies a delayed ef							
rd is filed.	-23 / 2043			_//	The same	- ,		
rd is filed.		Signature	of a member or	authorized repl	escritative of a	member		

Filing Fee: \$25.00