L2300092817

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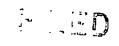
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COVER LETTER

TO: Registration Division of	n Section Corporations		
, 2211 Pc	ost LLC		
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Kathryn Stanley		
		Name of Person	
		Firm/Company	
	2254 Riverside Avenue	, ,,	
		Address	
	Jacksonville, Florida 3220	14	
	KS@Riverside-EQ.com	City/State and Zip Code	- 44
	E-mail address: (to be used for future annual report no	ification)
For further information	on concerning this matter, please c	all:	
Kathryn Stanley		904 9334107	
Nan	ne of Person	at () Area Code Daytir	ne Telephone Number
rvar	ac or reison	Area Code Payth	ne respione runner
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	e ☐ \$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 Add		Street Address:	vetion
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 6327		The Centre of Tallahassee	
Tallahasse	e, FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 HAR -8 AH 7: 44

2211 Post LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L23000092817 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address New Registered Agent's Signature, if changing Registered Agent:

Thereby 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kathryn Stanley	7901 4TH ST N, STE 300	_
		ST PETERSBURG, FL 33702	□Add
			□Remove
			= Change
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			□Change
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ocument's effective date on the I				
ocument's effective date on the F record specifies a delayed effecti Lis filed.	ve date, but not an effective ti	ime, at 12:01 a.m. on the ea	rlier of: (b) The 90th day at	fter the
record specifies a delayed effecti Lis filed. March 3rd	ive date, but not an effective ti 2023	ime, at 12:01 a.m. on the ea	rlier of: (b) The 90th day at	fter the
record specifies a delayed effecti Lis filed.		ime, at 12:01 a.m. on the ea	rlier of: (b) The 90th day at	fter the
record specifies a delayed effecti Lis filed. March 3rd				fter the

Filing Fee: \$25.00