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PICK-UP	☐ WAIT	MAIL
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TO: Degistration Section	C) :
Division of Corporations	注 <b>の (10 + 1 17)作泉</b> 大
	111
SUBJECT: 2104 215+ Lane 11  Name of Limited Liability	Communication
Marie of Limited Claume	
The enclosed Articles of Amendment and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the following	owing:
Jeannie Holbra	be a color solor of the color o
Firm	n/Company
	n/Company
7150 Lackwood	TO THE STATE OF TH
	Address
Lake worth	## 3346 7
City/Stat	e and Zip Code
E-mail address: 40 be used for	or future around report notification)
For further information concerning this matter, please call:	
Cennie Holbrook at	S6/ 7/8 = 4/2 (5-12 12 22 22 22 22 22 22 22 22 22 22 22 2
Name of Ferror	Bayana Pelephone Namoer
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Enclosed is a check for the following amount:	and the second of the second o
Certificate of Status Cer	00 Filing Fee &  S60.00 Filing Fee,  tified Copy  certificate of Status &  Certified Copy  (additional copy is enclosed)
	No problem of Table Steffeld of the one distributed Victory
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations  The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2104 21 <sup>ST</sup> Lane LLC (Name of the Limited Liability Com (A Florida Limite	<u>-</u> 			•
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.)	<del></del>	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 23000 [63</u> 90	ny were filed on		ıd assigned	,
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited Lic	ibility Company," the de	signation "LLC" or the abbreviati	on "L.L.C."	
Enter new principal offices address, if applicable:		,	2	
(Principal office address MUST BE A STREET ADDRESS)		<u>-</u>	:3 	_ <del>_</del> =
			<u>;;</u>	· .
			24	•
Enter new mailing address, if applicable:			哥	· .
(Mailing address MAY BE A POST OFFICE BOX)		_``\&- -e	:2:	* ~.1 <sup>#</sup>
		in the	π <u>.</u>	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our re	cords, <u>enter the name of th</u>	e new regi	istered
Name of New Registered Agent:				
New Registered Office Address:	Enter Floria	da street address		
<del></del>	City	, Florida 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 = AMBR =	Manager Authorized Member	and the second s	•
<u>Title</u>	Name	Address	Type of Action
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		Jeannie Holbrody	Remove
			Change
MGR	Harry Holbrook Revocab	le Trust	DATO
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