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A. RIVERS
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COVER LETTER

1603 Audo	bon, LLC				
SOBJECT.	Name of Lim	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:			
	William A. Bond				
		Name of Person			
	McDonald Fleming, LLP				
	Firm/Company				
	719 South Palafox Street				
	-	Address			
	Pensacola, Florida 32502				
		City/State and Zip Code			
	wabond@pensacolalaw.con	n to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c				
William A. Bond		850 202-8533 at ()			
Name of Person			e Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	□ \$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 Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Street Address: 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

1603 Audobon, 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 April 13, 2023 and assigned Florida document number _____L23000186591 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 1603 Audubon, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

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
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Filing Fee: \$25.00