## 123000274742

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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Division of C	Section Corporations		
	mead Road		
SUBJECT:	Name of Li	mited Liability Company	
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The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	7; <b>9</b>
Please return all corres	spondence concerning this matte	r to the following:	: -
	Jillian Denmark		
		Name of Person	
		Firm/Company	
	10 SE Central Parkway, S	Suite 100	
		Address	
	Stuart, FL 34994		
	jilliandenmark@gmail.con		
For further information	r:-mail address:	to be used for future annual report notical:	dication)
Jillian Denmark		772 291-6365	
Name	of Person	at ()	e Telephone Number
Enclosed is a check for	the 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 Addr Registration		Street Address:	<b></b>
	Section Corporations	Registration Sec Division of Cor	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

731 Ashmead Road, LC (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 06/06/2023 Florida document number 1.23000274742 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 731 Ashmeade Road, LLC 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 Cirv

## 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 <u>Address</u> Type of Action \_ 🗆 Add □**k**∰ove \_\_ □Change □R<del>em</del>ove □ Change  $\Box$ Add \_ □Remove \_\_\_\_\_ □Add □Remove \_\_\_\_\_ □Change □Remove \_\_ □Change \_\_\_\_\_ □Add □Remove

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Effective date, if other than the date of filing:			
f an effective date is listed, the date must be specific and cannot be prior to da	te of filing or more than 9	(optional) 0 days after filing.) Pursu	ant to 605 020
<b>vote:</b> If the date inserted in this block does not meet the applicable	statutory filing require	ments, this date will no	ot be listed a
document's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on the ear	rlier of: (b) The 90th	day after the
d is filed.			
June 6 2023			
Dated June 6 2023			
Signature of a member or authorized	_		

Filing Fee: \$25.00