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COVER LETTER

Tallahassee, FL 32314

TO: Registrati Division o	on Section f Corporations		
SUBJECT: 818 A	shmead Road, LLC		
SUBJECT:	Name of Lit	mited Liability Company	
			- %-
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	,
Please return all cor	respondence 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 informati	on concerning this matter, please o	(to be used for future annual report non-	fication)
Jillian Denmark		772 291-6365	
Na	me of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check t	or the following amount:		
■ \$25.00 Filing Fe	e S30.00 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)
<u>Mailing Ad</u> Registratio		Street Address:	aria.
	of Corporations	Registration Sec Division of Cor	
P.O. Box		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUH 2 | PH |: 0

818 Ashmead Road, 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 06/06/2023 and assigned Florida document number L23000274750 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 818 Ashmeade Road, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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:

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
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		06/06/2023				
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