

L23 000 316 068

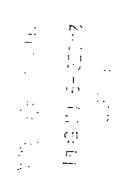
(Requestor's Name)
(Nequestor's Marrie)
(0.11/2-2)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. S.





800440716218

12/09/24--01012--019 ***25.00



COVER LETTER

Division of Cor			
	PARRISH ROAD, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DERYCK HARMER		
		Name of Person	
		Firm/Company	
	PO BOX 560624		
		Address	
	ORLANDO, FL 32856		
		City/State and Zip Code	
	DERYCK@YARDCO.COI	M to be used for future annual report noti	fination)
For further information of	concerning this matter, please c		nearony
DERYCK HARMER		407 3998245	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NWF 2655 PARRISH ROAD, LLC	
(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Compa	ppears on our records.) any)
he Articles of Organization for this Limited Liability Company were filed or	n 07/03/2023 and assigned
lorida document number 123000316068	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compan	ny here:
ARDCO 2655 PARRISH ROAD, LLC	
ne new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
	· (
<u> Iailing address MAY BE A POST OFFICE BOX)</u>	
	<u> </u>
If amending the registered agent and/or registered office address on o gent and/or the new registered office address here: Name of New Registered Agent:	ur records, <u>enter the name of the new regi</u> s
New Registered Office Address:	r Florida street address
Елич	T KIT REG STEEL CHRITESS
	, Florida
City	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 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
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Add
			□Remove
-			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change

•	
_	·
_	
an effective date is list ote: If the date inso	ther than the date of filing:
record specifies a de Lis filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	Signature of a member or authorized tepresentative of a member
	DERYCK HARMER Typed or printed name of signee

Filing Fee: \$25.00