## L23000391832

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DEPARTMENT OF STATE
SIVESION OF CORPORATIONS
THE LANASSEE FLORIDA

A. PARISHANI NOV 0 4 2023

## **COVER LETTER**

Division of Cor			
SUBJECT: LV	ETSIDE GET	AWAY LLC ted Liability Company	
	Name of Limi	ted Liability Company	1023
	Amendment and fee(s) are submitted to	_	DEPARTMENT OF CORPORALLANASSEE, F
	MANCY H	Name of Person	PH 12: 54 RPORATIONS E. FLORIDA
	Riversioe	GETAWAY LO	
	1932 S. R	Address	SCHLIATER.
		3214/ City/State and Zip Code	<u> </u>
	E-mail address: (1	o be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	sil:	
Marcy HI	tchcock Person	at (352) 450 Area Code Daytim	7 - 4.570 e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ction
Division of C		Division of Cor	porations
P.O. Box 632	7	The Centre of T	<b>Tallahassee</b>

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0	OF				
(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 AUCUST 2  Florida document number A 300039 1832  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of 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 agent and/or the new registered office address here:		30 PH 12: 5  MENT OF STATE OF CORPORATION ASSEE FLORID	TI		
		and assigned			
Florida document number <u>L 2300039 183</u> 2	<u>-</u>				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 agent and/or the new registered office address here:	address on our records, enter the na	ame of the new regis	 itered		
Name of New Registered Agent:			<del></del>		
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.

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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			🗆 Change
<del></del>		IALL SIVIS	_ OAdd
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(If an ef Note:	tive date, if Tective date is . If the date nent's effect	listed, the da inserted in	ate must be this block	specific at does not	nd cannot be meet the	e prior to o	late of fili	ng or more ry filing r	than 90 day	(optiona is after filities, this da	al) ng.) Pursuant to tte will not be	605.0207 listed as	(3)(b) the
the record ford is fi	7	a delayed e	ffective de	ate, but no	ot an effe	ctive time	, at 12:0	l a.m. on	the earlier	of: (b)	The 90th day	after the	
Dated		Nan	Sig	nature of	h Co	or authoriz	ed repres	entative of	a member			_	
	V.	)An	<u> </u>										

Filing Fee: \$25.00