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COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT : <u>3</u>	031 Belder Name of Limi	1 LLC ited Liability Company
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.
Please return all correspon	idence concerning this matter t	to the following:
		A. Worbington Name of Person Olden LLC Firm/Company
	52 Calun	net Dr. Address
		FL 32259 City/State and Zip Code
	Kim Q L	velch + (am, com to be used for future annual report notification)
For further information co	oncerning this matter, please ca	·
Leigh Sca	c/eS	at (904) 910 -5412 Area Code Daytime Telephone Number
' Name of	Person	Area Code Daytime Telephone Number
Enclosed is a check for the	e following amount:	
☑ \$25.00 Filing Fcc	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	(additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

3031 Bel	der LLC
(Name of the Limited Liz (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u>L24 D00 124</u>	ty Company were filed on 3/12/24 and assigned 54.7
This amendment is submitted to amend the following	g:
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" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:
(Principal office address MUST BE A STREET AL	ODRESS)
Enternous mailing address if applicables	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our records, <u>enter the name of the new registered</u> re:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
New Registered Agent's Signature, if changing Regist	City Zip Code S C C C C C C C
provisions of all statutes relative to the proper an accept the obligations of my position as registere	ent and agree to act in this capacity. I further agree to comply with the ad complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is stered office address, I hereby confirm that the limited liability age.

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

Title	<u>Name</u>	Address	Type of Action
MGR	Kimberly A. Warbington	52 Calumet Dr.	ŭZAdd
		52 Calumet Dr. St. Johns, FL 32259	Remove
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Effective	date, if other than the date of filing:		(optio	onal)
lf an effecti Note: If t	we date is listed, the date must be specific and c he date inserted in this block does not me	annot be prior to date of fili	ing or more than 90 days after rv filing requirements, this	filing.) Pursuant to 605.0207 date will not be listed as
	's effective date on the Department of Sta			
	pecifies a delayed effective date, but not a	n effective time, at 12:0	La.m. on the earlier of: (b)	The 90 (C) day Her the
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e record spord is filed. Dated	March 26.	2024.		PR-I PM 4
rd is filed.	March 26.	2024.		

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