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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		Road LLC		
		Name of Lin	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	emitted for filing.	
		ondence concerning this matter		
		David W. Schmidt		
			Name of Person	
		Simon and Schmidt, PA		
			Firm/Company	
		766 SE 5th Avenue		
			Address	
		Delray Beach, FL 33483		
			City/State and Zip Code	
		whitney@eastcoastmetals.n		
			to be used for future annual report notific	ration)
For furth	ner information c	oncerning this matter, please c	all:	
David V	V. Schmidt		561 278-2601	
	- Name o	f Person		Telephone Number
Enclosed	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fec	☐ \$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 Cepy (additional copy is enclosed)
	Mailing Addres	<u>s:</u>	Street Address:	
	Registration S		Registration Secti	
	Division of C	orporations	Division of Come	aratione

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1414 Piney Road LLC			
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on ounited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on May 30, 2	024	and assigned
Florida document number L24000248020			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
11431 Char Ann Drive LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>s</u>		
		-11 ·	202
			<u> </u>
Enter new mailing address, if applicable:		> - · -	<u>≥ ''</u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
a series		117-11	<u>₹</u>
		<u>ಗ್ರ,</u> ಕಾರ್	- ii -
B. If amending the registered agent and/or registered of	fice address on our records	ام المالية الم المالية المالية المالي	ा भिन्ने new registers
agent and/or the new registered office address here:		enter the hance of	the new registere
Name of New Registered Agent:			
New Registered Office Address:			
Segmented Office Address.	Enter Florida stree	et address	_
	City	, Florida	Lip 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 = Mar AMBR = Aut	nager horized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
		_	DAdd
			□Remove
			Change
			□Add
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te: If the date is listed,	than the date of filing the date must be specific and in this block does not be on the Department of	id cannot be prior to a	date of filing or more the estatutory filing rec	(optional) han 90 days after filing quirements, this date	.) Pursuant to 605.020 will not be listed as
S CHICCHIC GAI		ot an effective time	, at 12:01 a.m. on th	ne earlier of: (b) Th	ne 90th day after the
cord specifies a delay	red effective date, but no				
cord specifies a delay s filed.	red effective date, but no	2024			
cord specifies a delay s filed.	2w. Sala	. 2024	ed representative of a		

Filing Fee: \$25.00