L24000284544

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(Address)
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PICK-UP WAIT MAIL
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	VENUE 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	indence concerning this matter	to the following:	
	WILLIAM L. KETCHER	SID	
	•	Name of Person	
		Firm/Company	
	4014 COMMONS DR W.	STE 100	
		Address 27	
	DESTIN, FL 32541	124 Ji	,
	dianac@ketchersidtitle.com	City/State and Zip Code	
For further information c	E-mail address: (oncerning this matter, please co	City/State and Zip Code 1 to be used for future annual report notification) all:	
William L. Ketchersid		850 424-3618	
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration 5 Division of C	Section	Street Address: Registration Section Division of Corporations	
P.O. Box 632	7	The Centre of Tallahassee	
Tallahassee, I	-L 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

609 FIR AVENUE LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appea ed Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	JUNE 24, 2024	and assigned
Florida document number L24000284544			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company h	<u>ere</u> :	
608 FIR AVENUE LLC			
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the o	lesignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			3
			324
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			一一一
			. 9
			22
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our r	ecords, <u>enter the nar</u>	ne of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
		, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Remove
			□ Change
			□ Add
			□ Change
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ffective date, if other the an effective date is listed, the lote: If the date inserted in ocument's effective date of the da	date must be specific ar in this block does not	d cannot be prior t meet the applica		ore than 90 days afte		iant to 60	
record specifies a delayed Lis filed.	l effective date, but no	ot an effective tir	ne, at 12;01 a.m.	on the earlier of: (b) The 90th	day afte	r the
ated	JUNE 28	2024	_ ·				
		Zes 1	rized representative				