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Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations	**		
	ential Drive, 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:		
·	٥	_		
	Rachael K. McIver, Esq.			
		Name of Person		
	Law Offices of Kevin Kild	uff, P.C.		
		Firm/Company		
	62 Derby Street, Unit 13			
		Address		
	Hingham, MA 02043			
	 	City/State and Zip Code		202
	rmciver@kilduff.law)) - -
	E-mail address: (to be used for future annual re	eport notification)!	2921-CS i 10
For further information of	oncerning this matter, please ca	all:	•	·: .
Rachael K. McIver, Esq.		781 385- at ()	7810	
Name o	of Person	Area Code	Daytime Telephone Number	_
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of	Status &
Mailing Addres		Street Ado		
Registration :			tion Section	
Division of C P.O. Box 632	•		of Corporations tre of Tallahassee	
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

719 Presidential Drive, LLC			
(Name of the Lim	ited Liability Cor (A Florida Limit	npany as it now appears on ed Liability Company)	our records.)
The Articles of Organization for this Limited I Florida document number L24000336729		any were filed on $\frac{07/30/2}{}$	024 and assigned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name of	of the limited l	iability company here:	
719 Presidential, LLC			
The new name must be distinguishable and contain the	words "Limited Li	iability Company," the design	ation "LLC" or the abbreviation "L,L,C,"
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	<u>ET ADDRESS,</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		N/A	7021.C51.10
B. If amending the registered agent and/or agent and/or the new registered office address.	registered officess here:	ce address on our recor	ds, <u>enter the name of the new register</u>
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A	Enter Florida s	reet address
		City	, Florida 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
N/A	N/A	N/A	□Add
			□Remove
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ective date, if other than the	date of filing:	(optional)	45.F.O.
effective date is listed, the date mu e: If the date inserted in this b	st be specific and cannot be prior to date of fi ock does not meet the applicable statut	iling or more than 90 days after filing.) Pu tory filing requirements, this date wil	rsuant to 605.0. I not be listed
ument's effective date on the D	epartment of State's records.		
cord specifies a delayed effective filed.	e date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90)th day after th
, med.			
October 4	2024		
<u> </u>	1/1		
12 121	1 / //		
Sula	Signature of a member or authorized repre		