## L24 000 369 276

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

Divisio	n of Corp	orations				
24)	240 LIVE OAK RD LLC					
50bar.c.1	Name of Limited Liability Company					
240 LIVE OAK RD LLC SUBJECT:						
Please return all	correspon	dence concerning this matter	to the following:			
		Tara Rutkowski				
			Name of Person			
		Collins Brown Barkett, Ch	artered			
			Firm/Company			
		756 Beachland Blvd.				
			Address			
		Vero Beach, FL 32963				
			City/State and Zip Code			
			to be used for future annual report notif	ication)		
For further infor	mation co					
Tara Rutkowski			772 231-4343			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a ch	eck for the	following amount:				
■ \$25.00 Filin	ig Fee		Certified Copy	Certificate of Status & Certified Copy		
	e Address tration S		Street Address: Registration Sec	tion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

240 LIVE OAK RD LLC	
( <u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed o	n <u>08/22/2024</u> and assigned
lorida document number 1.24000369276	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
he new name must be distinguishable and contain the words "Limited Liability Company."	the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. 12
· · ·	. >)
	, võ
Enter new mailing address, if applicable:	<u> </u>
•	
Mailing address MAY BE A POST OFFICE BOX)	<del></del>
	. •
3. If amending the registered agent and/or registered office address on orgent and/or the new registered office address here:	our records, <u>enter the name of the new regis</u> t
Name of New Registered Agent:	
New Registered Office Address:  Ente	r Florida street address
City	, Florida

## 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JONATHAN C. TALLEY	240 LIVE OAK RD.	
		VERO BEACH, FL 32963	■Remove
			Change
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ective date, if other than the d reffective date is listed, the date must b te: If the date inserted in this bloc cument's effective date on the Dep	k does not meet the applica	o date of filing or more the ble statutory filing requ	(optional) in 90 days after filing.) Pursuant to ( firements, this date will not be l	505.0207 isted as
cord specifies a delayed effective of stiled.	date, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day a	fter the
edAUGUST 27	2024	_ ·		
Meliss	lelissa Talley La Talley (Aug 27, 7074 17,38 ED1)			
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S	ignature of a member or author	nzen representanive or a n	iember	

Filing Fee: \$25.00