## Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Dong 3	o will generate another cover sheet.	1024
To:			NEW YORK
	Division of Co	rporations	
	Fax Number	: (850)617-6383	m,
From:			
	Account Name	: JONES FOSTER P.A.	[S] <b>양.</b>
	Account Number	: 076077003231	
	Phone	; (561)650-0471	0Α :: ∞
	Fax Number	: (561)650-5300	

Effective the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: JEService Qyones Foster Com

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 3130 VINCENT ROAD, LLC

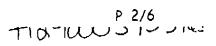
Certificate of Status	0
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P.O. Box 6327

Tallahassee, FL 32314

#### 1 1 >> 850-617-6381

### **COVER LETTER**



TO: Registration Se Division of Con			
SUBJECT: 3130	VINCENT ROAD, LLC		
•		ited Liubility Company	
The enclosed Articles of	Amondment and fee(s) are sub	nained for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jorda	n Johansen	
		Name of Person	
	Jone	s Foster P.A.	
		Firm/Company	. <u>.                                   </u>
	505	S. Flagler Drive, Suite 1100	
		Addiess	
	We	st Palm Reach, FL 33401	
	liser	City/State and Zip Code vice@jonesfoster.com	
		to be used for future annual report not	ification)
For further information of	oncoming this matter, please c	all:	
Jordan Johansen		at (	
Name o	l Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional cupy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration (		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	

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

#### 1 1 >> 850-617-6381

P 3/6 TIMYLUU 5 TO 5 TIR 5

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 NOV 12 AM 8: 48

3130 Vincent Re	oad, LLC	
(Name of the Limited Linhil (A Florid	ity Company as it now appears on pur recr a Limited Liability Company)	SSEE. FLORIDA
The Articles of Organization for this Limited Liability C	Company were filed on9/25/2024	and assigned
Florida document numberL24000412741	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	tited liability company here:	
224 Mediterranean Road, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enf</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	iess
		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 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>	Name	Address	Type of Action
			UAdd
			□Remove
			Change
			□Remove
			□ Change
		···	□Add
			□Remove
			UChange
	****		Dadd
			□Remove
			Change
			□∧dd
		···································	□Remove
			Change
			□Remove
			⊡Change

D. Ran	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	······································
	TÀLL AND
Note:	ctive date, if other than the date of filing:
f the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	d Nov 11, 2024
	Signature of a member or authorized representative of a member
	Danielle Meagher
	Typed or printed name of signee

Filing Fee: \$25.00