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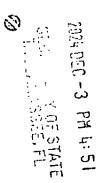
(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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COVER LETTER

TO: Registration So Division of Cor		<u>:</u>	·	
1600 74th	Ave N LLC			
	Name of Lim			
	'Amendment and fee(s) are sub ondence concerning this matter			
	Johnathan Schroeder			
		Name of Person		
	1600 74th Ave N I.LC			
		Address		
		City/State and Zip Code		
	160074thaven@gmail.com	to be used for future annual report notificati		
For further information c	concerning this matter, please c	all:	2024	
Johnathan Schroeder		727 644-7767 at ()	一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一	1
Name o	of Person	Area Code Daytime Tel	ephone Number	
Enclosed is a check for t	he following amount:		Se To 1	
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Statu3 & Certified Copy (additional copy is enclosed)	
Mailing Address	ss:	Street Address:	2	

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

1600 74th Ave N LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 11/20/2024	and assigned
Florida document number L24000490116		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		© €
B. If amending the registered agent and/or registered o	office address on our records, enter the n	ame of the new registere
agent and/or the new registered office address here:		ω :
		- 15 m
Name of New Registered Agent:		700 P
New Registered Office Address:		STA S
New Registered Office Address.	Enter Florida street address	<u> </u>
	, Florida	
	Сйу	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Johnathan Schroeder	7384 Danbury Way, Clearwater, FL 33764	
			□Remove
			□ Change
AMBR	Lauren Schroeder	7384 Danbury Way, Clearwater, FL 33764	
			□Remove
			■ Change
			Remove 3
			E.FL FAdd?
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fective date, if other the neffective date is listed, the otte: If the date inserted in cument's effective date of	date must be specific an this block does not	nd cannot be prior to meet the applicab	date of filing or m ble statutory filin	(option ore than 90 days after f g requirements, this	iling.) Pursuant	60£10
ecord specifies a delayed of is filed.	effective date, but no		ie, at 12:01 a.m. (on the earlier of: (b)	The 90th da	y after the
		2024				
November 25		· · · · · · · · · · · · · · · · · · ·	_			
November 25	2/1	member or authori	-			

Filing Fee: \$25.00