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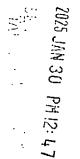
(Requestor's Name)
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報告の法で語り

THE VALUE OF STREET

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COVER LETTER

TO:	Registration Se Division of Co			.
¢1:0167		erry Road LLC		
SUBJEC	.l:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Andrew Cohen		
			Name of Person	
		- 1-	Firm/Company	
		25 Little Bay Harbor Dr		
			Address	
		Ponte Vedra Beach, Fl 320	182	
			City/State and Zip Code	
		complex1942@gmail.com E-mail address: (to be used for future annual report no	otification)
For furth	er information c	oncerning this matter, please co		
Andrew	Cohen		516 850-1234	
	Name o	t Person	at () Area Code — Dayti	ime Telephone Number
Enclosed	Lis a check for the	he following amount:		
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 9		Street Address: Registration S	ection
	Division of C		Division of Co	

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8288 Bayberry Road LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our r la Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability O		and assigned
Florida document number 1.25000035306	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
8286 Bayberry Road LLC		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	A	
(Principal office address MUST BE A STREET ADD	RESS)	
		7.5 P.5
Enter new mailing address, if applicable:		$\overline{\omega}$
(Mailing address MAY BE A POST OFFICE BOX)		, , ,
B. If amending the registered agent and/or registere	ed office address on our records, e	· . 🗂
agent and/or the new registered office address here:	<u>-</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	address
		Florida
	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
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change
			□ Add
			□Remove
			☐Change

	, , , , , , , , , , , , , , , , , , , ,
(If an effective Note: If th	te, if other than the date of filing:
he record spe ord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
01/3 Dated	2025

Filing Fee: \$25.00