Division of Corporations

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## **COVER LETTER**

TQ:

Registration Section **Division of Corporations** 

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

Enclosed is a check for the 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 & Conified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

STREET/COURIER ADDRESS:

Registration Section-Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited	- OCCOPANA AND THE PROPERTY AS PROPERTY AND LEADING LANGE LA	II now appears und	LLC our records.)	<del></del>	
The Articles of Organization for this Limited Liab.	ility Company were	filed on	31113	and assign	eđ
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liability	company bere:			
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The new name must be distinguishable and end with the wor	ds "Limited Liability (	Company," the desig	nation "LLC" or the abbr		C." <u>G</u> 2
Enter new principal offices address, if applicable	le:	gy and stated the party of the party and the second of	p ferbinks auto-universitäriselijais omminelija, liekuryttiiska uutkuutu muynka quesijäriseks	<u> </u>	<u> </u>
(Principal office address MUST BE A STREET	(DDRESS)	يورين سيستمين والانتاب والمتعارف والمتعارف والمتعارف	I S affice promitively, the surviversal substructure, and the special substructure.		72
	. Armenia	approximate the second of approximate and		N	4.5
Enter new mailing address, if applicable:	· 			) PH I	825 335 30
(Mailing uddress MAY BE A POST OFFICE BO	2X)	_			300
				ယ်	
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:	registered office e address here:	address on ou	r records, enter the	nnme of	the new
New Registered Office Address:	<del></del>				
	:	Enter Florida s	reel udaress		
	City Zio Code				
New Projetered Agent's Signature if changing Reg		ny		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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR= M AMBR= A	anager athorized Member	(((H14	1000119563 3)))	
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			Hiami, FL 33137	C Remove
			:	*****
ALLGR	Cost Ocean, La	2	3050 Archua Blvd,	Add
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AMBR	Zeinal Miami Bo	each u	C 1901 Collins Ave 207	
	•		Hiami Beach, FL 33134	-
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