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SER OT 2016 J. HARRIS DEPARTMENT OF SIGH

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: K	Elian Certi	fred Building ted Liability Company	y 4550 MATES LLC
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Willia	Name of Person 900	
	Relian	certified r	suilding 195. LL
	8256	Huwters Ric	lge
	T-411, T-goubu E-mail address:	City/State and Zip Code City/State and Zip Code To be used for future annual report notifications.	cation)
For further information	concertain, this matter, please of	all:	
Willia Name	m Igou	att by	75676 Telephone Number
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 & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASSOCIATES

02/04/2015 The Articles of Organization for this Limited Liability Company were filed on ____ 45000021042 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. is amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

MGR≈ Manager AMBR = Authorized Member Address Title <u>Name</u> ☐ Change _□ Add ☐ Remove ☐ Change □ Remove ☐ Change _□ Add □ Remove ☐ Change _□ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

☐ Change

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Filing Fee: \$25.00