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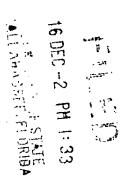
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| Special Instructions to Filing Officer: | |
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COVER LETTER

| Division of Corporations | | | | |
|--------------------------|-----------------|---|---|---|
| SUBJECT: | | ELD AVENUE, LLC | | |
| SODJEC1. | | Name of Limi | ted Liability Company | |
| | | | | |
| The enclose | d Articles of A | Amendment and fee(s) are subr | mitted for filing. | |
| Please return | n all correspor | ndence concerning this matter t | to the following: | |
| | | JOHN J. HAGERMAN | | |
| | | | Name of Person | |
| | | BANYAN MITIGATION | & SETTLEMENT SERVICES | |
| | | | Firm/Company | |
| | | 207 CROSS ST. | • | |
| | | <u> </u> | Address | |
| | | PUNTA GORDA, FL 3395 | 50 | |
| | | | City/State and Zip Code | |
| | | JOHN@BANYANTITLE.N | | |
| | | E-mail address: (t | o be used for future annual report notifica | ation) |
| For further i | information co | ncerning this matter, please ca | all: | |
| JOHN J. HA | AGERMAN | | 941 629-3825 at () | |
| | Name of | Person | Area Code Daytime T | elephone Number |
| Enclosed is | a check for th | e 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

TO:

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

216 WARFIELD AVENUE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/09/2016 Florida document number _ L16000206443 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. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: JOHN J. HAGERMAN Name of New Registered Agent: 207 CROSS ST. New Registered Office Address: Enter Florida street address Florida ³³⁹⁵⁰ **PUNTA GORDA**

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.

City

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 |
|--------------|-----------------|---------------------|----------------|
| MGR | RALPH CANAPHANY | 216 WARFIELD AVENUE | Add |
| | | VENICE, FL 34285 | Remove |
| | | | ☐ Change |
| MGR | WILFRED ORTIZ | 216 WARFIELD AVENUE | Add |
| | | VENICE, FL 34285 | ☐ Remove |
| | | | □ Change |
| | | | Add |
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| ffective date, if oth an effective date is liste | d, the date must be spe | ecific and canno | ot be prior to date | of filing or more | (option than 90 days after | filing.) Pursuant to 605.02 |
| ote: If the date inse | rted in this block do | es not meet t | he applicable s | tatutory filing re | quirements, this | date will not be listed |
| ocument's effective | late on the Departm | ent of State's | records. | | | |
| • | | | | | | |
| e record specifie: The 90th day af | s a delayed effer ter the record is | ctive date, : filed | but not an | effective tim | e, at 12:01 a | .m. on the earlier |
| The Sour day ar | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
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Typed or printed name of signee

Filing Fee: \$25.00