## 11700145508

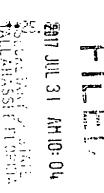
(Re	questor's Name)	
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J. HARRIE

## **COVER LETTER**

TO:	Registration Sec Division of Corp		*	1	
n SURJ	ECT:	ALLDOWEREALT Name of Lim	11.40	l	
5050		Name of Lim	ited Liability Company	ý 	
		Amendment and fee(s) are sub			
		-	5 Wats	[ ~	
			Name of Person		
			Firm Company		· · · · · · · · · · · · · · · · · · ·
		18t.	7 Zamind Address	N 46 73	<u>لن</u>
		Pal	m Bay FL City/State and Zip G	32907	
			Chystale and Zip of the Lorentz Chystale and Electronic Chystalian Chystal Chystalian Chystal Chystalian Chystal		
For fu	rther information co	oncerning this matter, please c			
	Name of	いいくない 「Person	at ( <u>32)</u> Area Code	) <u> </u>	6642 e Telephone Number
Enclo	sed is a check for th	e following amount:			
DE S	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Cop (additional copy	ру	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Reg Div Clif 266	REET/COURI istration Section ision of Corportion Building 1 Executive Co ahassee, FL 32	rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLDOW	ERE	ALTY	LL	<b>C</b>		
( <u>Name of the Limited Liab</u> (A Flori	i <mark>lity Comp</mark> ida Limited	any as it now : Liability Com	appears o pany)	n our records.)		
The Articles of Organization for this Limited Liability  Florida document number L17000145508		y were filed (	on	7/6/17	and ass	igned
This amendment is submitted to amend the following:		1				
A. If amending name, enter the new name of the lin	mited lia	bility compa	iny here	:		
Ins Wats	50, L	LC				
The new name must be distinguishable and contain the words "I.	imited Liab	•			<b>—</b> 1	L.C."
Enter new principal offices address, if applicable:		Same 1	867	Zamind	ser staying	<u> </u>
(Principal office address MUST BE A STREET ADI	ORESS)		Palm	Bay Ed	上 32亩 €	
				)	35 T. C.	) Promis
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					AH IQ: 0	PEFFE Aug.
(maning address mill be a rost of fice boxy		<del>-  </del>				
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad  Name of New Registered Agent:	ldress he		ess on o	our records,	enter the name	of the new
New Registered Office Address:		 <del></del>				
		' Em	ter Florida	i street address		
<u></u>		ļ		Flor		
		City 			Zip Code	
New Registered Agent's Signature, if changing Register	red Agent	<u>t:</u>				
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	complet agent as wed offic	e performan provided fo	ice of m or in Che	y duties, and apter 605, F.	' Lam familiar wii S. Or, if this doci	h and iment is
	MID	\ <sub> </sub>				
	If Ch	anging Registe	red Agen	t, <u>Signature of</u>	New Registered Age	<u>1t</u>
	Page	1 of 3				

lf amendin or removed	g Authorized Person(s) authorized to n I from our records:	nanage, <u>enter the title, name, an</u>	d address of each person being added
MGR = N AMBR = 7	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
	WIA		
			□ Remove
			Change
			□ Add
			□ Remove
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. II amending ai	ny other information, enter change(s) here: (Attach additional sheets, if nec	essary.)
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Effective date,	, if other than the date of filing: (opti	ional)
(If an effective date Note: If the dat	e is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the inserted in this block does not meet the applicable statutory filing requirements, this ective date on the Department of State's records.	r filing.) Pursuant to 605,0207 (3)
	ecifies a delayed effective date, but not an effective time, at 12:01 and a second is filed.	a.m. on the earlier of:
Dated	Thy 26, 2017.	201 TAL
	Il water	
	Signature of a member or authorized representative of a member	2017 JUL 3
	Tes wason  Typed or printed name of signee	
	Typed or printed name of signee	## 10: 04 10: 04 10: 04
	Days 2 of 2	۲۵ م

Page 3 of 3

Filing Fee: \$25:00