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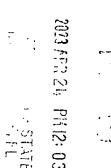
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## COVER LETTER

TO:

TO: Registration Se Division of Cor		······································	
SUBJECT: 29 P	exford LLC		
SUBJECT: - 1 (2	Name of Limi	ted Liability Company	<del></del>
	2 4 25		•
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeannie He	Name of Person	2623
		1.	923 Fe 2
		Firm/Company	<u> </u>
	7150 bock	wood R.D.	. PR
		Address	79 E
	Leke W.	Or4L FL 334  City/State and Zip Code	67_ 3
	Seannie f E-mail address (1	City/state and Zip Code  OP / COL DION  to be used for future almual report notific	gual le com
For further information c	oncerning this matter, please ca		
Jeanuse &	lolbrook	at ( <u>56/</u> ) <u>7/9</u> Area Code Daytime	-4215 Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<b>V</b>	$\theta_{n}(\varphi) = (-\varphi^{n}, (\varphi^{n}) - 1) \cdot d$	programme of the second
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Mailing Addres	ss:	Street Address:	
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P.O. Box 6327		The Centre of Ta	
Tallahassee, 1		2415 N. Monroe	
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Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ame 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 4/3/2023Florida document number <u>L23</u> <u>200</u> <u>0163987</u> 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: 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.

\_, Florida \_\_

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

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MGR	Jeannie Holbrook Revol	cable loust Lake work FL3	3467
		Address 7150 Lackwood 1  Lable Itust Lake Work FL3  Jeannie Holbrook	
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(ii an eii	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file. If the date inserted in this block does not meet the applicable statutory filing requirements, this dis			
docum	ent's effective date on the Department of State's records.			
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