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	(Req	uestor's Name	e)	
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: 1241	SE 29 Street Name of Limi	ADT 103, LLC ited Liability Company	 .
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u>Priscilla</u>	GON7AICZ Name of Person	
		Firm/Company	
	9833 SN	1 27th terr	
	Miamili	Address City/State and Zip Code	
	FICE CON	City/State and Zip Code GUITO MION to be used for future annual report notif	COM (cation)
For further information co	oncerning this matter, please ca	all:	
PY15CII() Name of	GONZAICZ Person	at (305 853 - U) Area Code Daytime	175 Telephone 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 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

1241 SE 29 Street	et Apt 103, LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our record imited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Cor Florida document number 11 5000 4127	mpany were filed on $\frac{3}{15}$	and assigned
This amendment is submitted to amend the following:		5
A. If amending name, enter the new name of the limite	ed liability company here:	18, 75
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ø
(Principal office address MUST BE A STREET ADDRE	<u> </u>	్రా
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	2.6
		orida
	City	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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
mar_	SUSON MESO	9823 SW27th terr	Add
ر.		MIOMI FL 33165	□ Remove
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reco	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie th day after the record is filed.	r o
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00