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MAY 2 2 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ompany as it now appears on our	records.)
This amendment is submitted to amend the following:	(Name of the Limited Liability Company) at it now appears on our records.) (A Forda Limited Liability Company) les of Organization for this Limited Liability Company were filed on occurrent number Li (1900) 117312 Induction in the Limited Liability Company were filed on occurrent number Li (1900) 117312 Induction in the submitted to amend the following: Induction and the new name of the limited liability Company here: In office address, if applicable: In office address MUST BE A STREET ADDRESS) We mailing address, if applicable: In office address MAY BE A POST OFFICE BOX) In office address on our records, enter the name of the new of agent and/or registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Tip Code	
The Articles of Organization for this Limited Liability Company were filed on 04/30/2019		
and assigned orida document number L19000117312 his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: It amending name, enter the new name of the limited liability company here: It amending name, enter the new name of the limited liability company here: It amending name, enter the new name of the limited liability company here: It amending name, enter the new name of the limited liability company here: It amending name, enter the new name of the limited liability company here: Principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address MAY BE A POST OFFICE BOX 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 R		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
registered agent and/or the new registered office address Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		Florido
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	<u>gent:</u>	
provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen	plete performance of my du it as provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is
×	If Chenulny Registered Agent Si	ganture of New Hegistered 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
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