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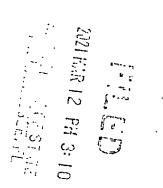
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COVER LETTER

	egistration Sectivision of Corp						
SUBJECT	3422 Rudol	rd, LLC					
30031201		Name of Limited L	Liability Company		-		
The enclose	ed Articles of a	Amendment and fee(s) are submitte	ed for filing.				
Please retur	rn all correspo	ndence concerning this matter to the	e following:				
		David Schmidt					
			Name of Person		_		
		Simon and Schmidt, P.A.			٤	1-7	
			Firm/Company			1.20	و مجرو ،
		766 SE 5th Avenue			_ <u></u>	@1138 12	£
			Address		 	2	
		Delray Beach, FL 33483			Ho Ho	01:5:14	
		Cir daymon@esatcoastmetals.net	ty/State and Zip Code			0	
		E-mail address: (to be	used for future annual report noti	fication)	-		
For further	information co	oncerning this matter, please call:					
David Schi			561 278-2601 at ()				
	Name of	Person	Area Code Daytim	e Telephone Numb	er		
Enclosed is	a check for th	e following amount:					
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & ☐ Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee cate of Sta ed Copy nal copy is en	ıtus &	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3422 Rudolf Rd, LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company	y were filed on 01/22/2021		_ and assigned
Florida document number L21000043375			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
3771 Coconut RD LW FL LLC			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		·= :	
Principal office address MUST BE A STREET ADDRESS)		•	
		5.1-	2
		00 T	TO 6.
Enter new mailing address, if applicable:		∏(n) 70	السائد
Mailing address MAY BE A POST OFFICE BOX)	·		
Mutting undress MAT BE A FOST OFFICE BOX)		3	
3. If amending the registered agent and/or registered office	address on our records, er	nter the name o	f the new regis
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address:	Enter Florida street ac	ldress	
		Tri a sat al a	
-	City	, Florida	Zin 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			Remove ☐ Remove
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cord specifies a delayed effective date, but not an effective	time at	12:01 a.m	on the ea	rlier of: ()	o) The 9	Oth day a	fter th
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March 8 2021							
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Signature of a member or aut	, m	the	izel	ren	neser	<u>utati</u>	ive
-and of the							

Filing Fee: \$25.00