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COVER LETTER

ТО:	Registration Sec Division of Corp			
	336 RACEV			
SUBJEC	CT:	Name of Limi	ted Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter t	to the following:	
		Candy Brownlow		
			Name of Person	
		John P. Maas, P.A.		
			Firm/Company	
		44 NE 16 Street		
			Address	
		Homestead, FL 33030		
			City/State and Zip Code	
		pinky.munz@redlandcompa		
		E-mail address: ()	to be used for future annual report notific	cation)
For furt	her information c	oncerning this matter, please ea	ıll:	
Candy	Brownlow		305 247-7132 at () Daytime	
	Name o	t'Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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

<u>}.</u> :	2021
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(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		ကြဋ္ဌာက ကြ	
		7 S 2:	
The Articles of Organization for this Limited I Florida document number L07000077150	Liability Company	were filed on December 3, 2013	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		23600 S.W. 162 AVENUE	
(Principal office address MUST BE A STRE		HOMESTEAD, FL 33031	
		23600 S.W. 162 AVENUE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
		HOMESTEAD, FL 33031	
B. If amending the registered agent and registered agent and/or the new registered of	**	<u>e</u> :	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	23600 S.W. 162	2 Avenue Enter Florida street address	
	Homestead	Elouido 3	3031

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Ciiv

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RENE W. TAYLOR	ONE NORTH KROME AVENUE HOMESTEAD, FL 33030	□ Add
			■ Remove
			Change
MGR	MARLOWE L. TAYLOR	ONE NORTH KROME AVENUE HOMESTEAD, FL 33030	Add
			Remove
		<u></u>	Change
MGR	CHARLES P. MUNZ	23600 S.W. 162 AVENUE HOMESTEAD, FL 33031	Add
			Remove
			Change
			Remove
			□ Change
			Add
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ine 9	Oth day after the record is filed.		
Dated _	April 30 2021	X	247
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	Signature of authorized representative of a member	<u>(2)</u>	C
	Signature of a filemeter of authorized representative of a member	lu‱ uur⊸,	=

Page 3 of 3

Filing Fee: \$25.00