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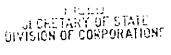
T. MATTHEWS
JUN - 6 2022

COVER LETTER

	Registration Se Division of Cor			
eun iez		95 AVENUE, LLC		
SUBJEC		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		LAURA BURGOS		
			Name of Person	
			Firm/Company	
		5 BLUEBILL AVENUE U	JNIT 103	
			Address	
		NAPLES, FL 34108		
			City/State and Zip Code	
		GEBERPEDROZA@HOT	MAIL.COM to be used for future annual report no	
For furth	er information o	encerning this matter, please c		шнеацопу
LAURA	BURGOS		305 965-3564	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	f is a check for the	he 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 Addres Registration		Street Address: Registration S	ection
	Division of C	Corporations	Division of Co	orporations
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 APR 21 PH 3: 17

4616 NW 95 AVENUE, LLC		
(<u>Name of the Limited Liah</u> (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L22000148542</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Floric	la
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GEBER PEDROZA	5 BLUEBILL AVENUE	∄Add
		UNIT 103	□Remove
		NAPLES, FL 34108	□Change
AMBR	LAURA BURGOS	5 BLUEBILL AVENUE	5.11
		UNIT 103	□Remove
		NAPLES, FL 34108	□Change
AMBR	GEBER PEDROZA	5 BLUEBILL AVENUE	≣ Add
		UNIT 103	□Remove
		NAPLES, FL 34108	
			_Add
			□Remove
			□ Change
			□Add
	·		□Remove
			□Change
			□Add
		 	□Remove
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APRIL 15			2022						
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Filing Fee: \$25.00