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		ecial Instructions to Filing Officer:
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TO	Division of Corporat		COVER LETTER	
ן דן	enclosed Articles of Amen	dment and fee(s) are sub	mitted for filing.	
PI	ease return all correspondenc	e concerning this matter	to the following:	
	_	John	CHENCINER Name of Person	
			PE 9 LLC Firm/Company	
	-			
		24850 00	Address	BONITA SPRINGS 34135
	_	BONITA	SPRINGS FL City/State and Zin Code	34135
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80	further information concern	is man address. (	to be used for future annual report nor	fication)
		apson	229. 222.	1268
	Name of Perso		······································	e Telephone Number
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	closed is a check for the foll \$25.00 Filing Fee □	owing amount: S30.00 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 A Registration Division of C P.O. Box 633 Tallahassee,	Section orporations 7	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

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( <u>)</u> am	e of the Limited Liability Compan (A Florida Limited Li	y ay it now appears on our records.) ability Company)	ATF.
The Articles of Organization for thi	s Limited Liability Company v	vere filed on $2 - 1 - 2006$ and assigned	
Florida document number <u>206</u>	000011526		
This amendment is submitted to am	aend the following:		
A If amending name, enter the n	iew name of the limited liabil	ity company here:	
The new name must be distinguishable and	d contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices addre	ess, if applicable:	24850 610 41 RD #10	
(Principal office address MUST_B	E A STREET ADDRESS)	24850 610 41 RD #10 BONITA SPRINGS FL 341.	35-
	·····		
Enter new mailing address, if app	nlicable:	SAME AS PRINCIPAL	
Mailing address MAY BE A POS		SAME AS PRINCIPAL ADDRESS	
	TOTTCE DOM		
B. If amending the registered	agent and/or registered off	ice address on our records, enter the name of the n	iew
registered agent and/or the new r	egistered office address here	:	
Name of New Registered			
New Registered Office Ac	ddress: 24850	OLD 41 RD #1D Enter Florida street address D SPRINGS Florida 34135 City Zip Code	
<u>New Registered Office At</u>		Enter Florida street address	
	BONIT	A SPRINGS Florida 34135	
		City Zip Code	
New Registered Agent's Signature, i	if changing Registered Agent:		
hereby accept the appointment of	as registered agent and agre	e to act in this capacity. I further agree to comply with t	he
provisions of all statutes relative	to the proper and complete p	performance of my duties, and I am familiar with and	
		rovided for in Chapter 605, F.S. Or, if this document is	
company has been notified in wri		uddress. I hereby confirm that the limited liability	р П
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		AS:	∦- <u>-</u> ,
	If Chang	ging Registered Agent, Signature of New Registered Agent	
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	Page 1	of 3 of 3	4
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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

Title	<u>Name</u>		<u>Address</u>	Type of Action
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