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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	Providence Place on the Island, UC  Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Tammy Vellucci  Name of Person
	Providence Place on the Island, CE,
	127 Tampa aux East #3
	City/State and Zip Code  + CC QS 78 9 40 NOO- COM  E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Name of Person at (44) 468-68-71  Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
<b>□</b> \$25	5.00 Filing Fee Salatus Salatu

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

Providence Pace	on the	LISK	and UC.
(Name of the Limited Liability Compan (A Florida Limited L	iability Compan	y)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on _	11/3/	and dosigned
Florida document number <u>L 66000 10 71.35</u>			O JAN 19
This amendment is submitted to amend the following:			19 Construction
A. If amending name, enter the new name of the limited liabi	lity company	<u>here</u> :	<b>3 3</b>
			6. OF
The new name must be distinguishable and end with the words "Limit 'L.L.C."	ted Liability Co	mpany," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		\	<del></del>
		$\overline{}$	
Enter new mailing address, if applicable:	*		
(Mailing address MAY BE A POST OFFICE BOX)			
<u>.</u>			
B. If amending the registered agent and/or registered off		n our record	ls, enter the name of the new
registered agent and/or the new registered office address here	2:		
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
		Enter Florida	street address
			lorida
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title **Name** Address **Type of Action** Michael Vellucci M6RM ☐ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 14 Dated Signature of a member or authorized representative of a member mmu Vellucc. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00