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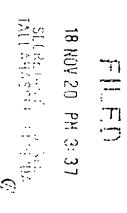
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COVER LETTER

TO:	Registration Se Division of Cor			
	1214 ROEF	BUCK LLC		
SUBJI	ЕСТ:	Name of Lim	ited Liability Company	
•				
The en	iclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Anthony Bostwick, Esq.		
		Falk Law Group	Name of Person	
		507 N DIXIE HWY	Firm/Company	
		LAKE WORTH, FL 33460	Address	
		abostwick@falklawgroup.co	City/State and Zip Code om	
		E-mail address: (to be used for future annual report notif	ication)
For fur	rther information co	oncerning this matter, please ca	all:	
Antho	ny Bostwick		561 493-9200 at ()	
	nat () Name of Person		Telephone Number	
Enclos	sed is a check for th	e following amount:		
■ \$2	5.00 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:

TO:

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

12	1.1	DAY	(1,1	ロンヤ	1 1	1
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(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record a Limited Liability Company)	<u>ls.</u>)
• The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		s, enter the name of th
		37 7 1
New Registered Office Address:	Enter Florida street addre:	· P
	City	orida Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	3 7

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
•	ABBATE, LARRY	800 KANUGA DRIVE	
MGRM			_ _ \ Add
***		WEST PALM BEACH, FL 33401	
			
•			Remove
•			☐ Change
MGRM	ABBATE, DOROTHEA	800 KANUGA DRIVE	
		WEST PALM BEACH, FL 33401	
•			■ Remove
			Characan
	THE ABBATE FAMILY TRUST	800 KANUGA DRIVE	Change
MGRM	THE ADDALL TAMILLE TROST	OW KANGGA DRIVIT	
			= Add
		WEST PALM BEACH, FL 33401	
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