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COVER LETTER

Division of Cor	perations		
SUBJECT:	Meighborhood (Name of Limit	Bestoration Payect and Linbility Company	ЦС
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mark 150	Name of Person	
	Land Trus	A Sauce Corple	oration.
	10. Box 186	Address	
	Lake wale	OF 33853 City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Name o	of Person	at ()	Telephone Number
Enclosed is a check for t	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 ADDRESS:

Registration Section

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

THE NEIGHBO	RHOOD RESTORATION PROSECT LL	<u>-C</u>
(Name of the Limi	ted Liability Company as it now appears on our recor (A Florida Limited Liability Company)	<u>us.</u>)
The Articles of Organization for this Limited L	iability Company were filed on 03/29/20	212 and assigned
Florida document number <u>L1200004331</u>	4	
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name o	of the limited liability company here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applied	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX1</u>	
		150 CM
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address on our record	ls, enter the trame of the new
	1 6 / 1 / 1	PH PH
Name of New Registered Agent:	LAI.S.C.,LLC	23 m
New Registered Office Address:	28 Wint Park Am Enter Florida street addre	<u> </u>
		lorida <u>33853</u>
	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 sompany has been notified in writing of this change.

I AND TWIT SERVICE CORP., MANAGER.

BY Mark PLES
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:

1.

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
ngrm	Juan Santer Cruz		☐ Add
			₩ Remove
			Change
mico	Godman D'Malley + Morgan	roat P.D. Box 915	814 LONGWOOD ALADO
			☐ Remove
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fective date, if other than the date of finan effective date is listed, the date must be specific	iling;		(option:	al)		
an effective date is listed, the date must be specific lote: If the date inserted in this block does n	e and cannot be prior to not meet the applicat	date of filing or mor ole statutory filing	e than 90 days after fili requirements, this da	ng.) Purst ite will n	uant to 60 not be lis	05,020 sted a
ocument's effective date on the Department	of State's records.					
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e record specifies a delayed effective. The 90th day after the record is file	ed.	an enective th	ne, at 12.01 a.n	1. 011 (1	ic cai	iici (
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	Ans	7 (+)				

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Filing Fee: \$25.00