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COVER LETTER

Division of Co	orporations		
Landlord. SUBJECT:			
.1.200		nited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Jason Sizemore		
		Name of Person	
	Law Office of Sam J. Saac	d III	
		Firm/Company	
	2670 Airport Rd S		
		Address	
	Naples, FL 34112		
	officemanager@saadlegal.c	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	ali:	
Jason Sizemore		239 963-1635	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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:

TO:

Registration Section

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

Landford, LLC		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I	.iability Company were filed on $\frac{4/4}{2}$	and assigned
Florida document number L12000046145		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREET ADDRESS)		20
		平
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
		.
B. If amending the registered agent and	Var registered office address on	our records, enter the name of the ne
registered agent and/or the new registered of	<u>.</u> ,	our records, enter the name of the ne
Name of New Registered Agent:	Sam J. Saad III PA	
New Registered Office Address:	2670 Airport Rd S	
	Enter Flori	da street address
	Naples	Florida ³⁴¹¹²
	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

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>	<u>Address</u>	Type of Action
MGR	Langfeier Liu	13415 Kent Street	
		Naples, FL 34109	
			☐ Remove
			□ Change
MGRM	Robert Jones	13415 Kent Street	
		Naples, FL 34109	
			<u></u> ■ Remove
		<u> </u>	☐ Change
			DAdd
			Regiove Change
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Page 3 of 3

Filing Fee: \$25.00