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COVER-LETTER

TO: Registration S Division of Co			•
SUBJECT:	Name of Lim	Lind LLC ilted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
,		SO WOOKS Name of Person	
	AVK TR	ICKING LUC Firm/Company	
	1431 NW	MG Ter.	
	Miami	FL 33169 City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	lication)
For further information of	concerning this matter, please co	all:	
AHONSO V	Joods of Person	at (305) 330 Area Code Daytime	- 5675 e 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 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 ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability (A Florida L	Company of it now appearimited Liability Company)	ars on our records	<u>, </u>	-	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L1200</u> 5222		05/15/17	2 and	assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company h	ere:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "LLC"	or the abbreviation	"L.L.C."	—
Enter new principal offices address, if applicable:					<u>-</u> -
Principal office address MUST BE A STREET ADDRE	<u></u>		<u> </u>	<u> </u>	
				<u> </u>	:
Enter new mailing address, if applicable:			55 S		
Mailing address MAY BE A POST OFFICE BOX)			u)	3#4 - 72 - 72	
			35. 5.	င္သ မ	_ `
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.		n our records,	enter the nan	ne of the	e new
Name of New Registered Agent:		-	· · ·		
New Registered Office Address:	Enter Flo	orida street address			_
	City	, Flo	ridaZip Co	de	
New Registered Agent's Signature, if changing Registered A	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, 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 **Title** <u>Name</u> <u>Address</u> Type of Action M6R Dian Woods Dion Woods □ Remove Miami FL ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ြည် □ Change □ Add □ Remove _□ Change □ Add ☐ Remove

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Filing Fee: \$25.00