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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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SEP 25 2017

COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| | ision of Cor | INTENANT III LLC | | | | |
|---|---------------------------|--|---|---|--|--|
| SUBJECT: Name of Limited Liability Company | | | | | | |
| The enclosed | d Articles of | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please return | all correspo | ondence concerning this matter | to the following: | | | |
| | | ANTOINE GENDRE | | | | |
| | | | Name of Person | | | |
| | WOLKAR | | | | | |
| | Firm/Company | | | | | |
| | 805 N ANDREWS AVE | | | | | |
| | | | Address | | | |
| | FORT LAUDERDALE, FL 33311 | | | | | |
| | | antoinegendre@yahoo.com | City/State and Zip Code to be used for future annual report not | (Footion) | | |
| For further in | nformation c | oncerning this matter, please ca | • | incution) | | |
| ANTOINE (| GENDRE | | 954.530.133 | 37 | | |
| | Name o | f Person | at () Area Code Daytin | ne Telephone Number | | |
| Enclosed is a | a check for tl | he following amount: | | | | |
| ■ \$25.00 F | 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) | | |
| | | ING ADDRESS: ration Section | STREET/COUR Registration Secti | | | |

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2017 SEP 22 PM 1:39
SELFE TARY OF STATE

ICI ET MAINTENANT III LLC

| (<u>Name of the Limited Liabi</u> (A Flori | da Limited Liability Company) | ds.) '''SSEE' FLORID'' | |
|---|--|---------------------------------|--|
| The Articles of Organization for this Limited Liability Florida document number L12000134295 | Company were filed on 10/22/2012 | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lir | nited liability company here: | | |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the designation "LLC | C" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | <u>PRESS)</u> | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ad | istered office address on our record | ds, enter the name of the ne | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | . F | lorida | |
| | City | lorida Zip Code | |
| New Registered Agent's Signature, if changing Register | red Agent: | | |
| I hereby accept the appointment as registered agen | t and agree to act in this capacity. I fi | arther agree to comply with to | |

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> | Name | Address | Type of Action |
|--------------|-----------------------|---------------------------|----------------|
| MGR | MENKOUSHA SONIA | 805 N ANDREWS AVE | |
| | | FORT LAUDERDALE, FL 33311 | ■ Remove |
| | | | ☐ Change |
| MGR | BEST PROFIT HOMES LLC | 805 N ANDREWS AVE | ■ Add |
| | | FORT LAUDERDALE, FL 33311 | □ Remove |
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| ective date, if other than the dat neffective date is listed, the date must be s | e of filing: | to data of filing or me | (optio | onal) Elina Burguent to 605 0207 |
| te: If the date inserted in this block | does not meet the applic | able statutory filing | requirements, this | date will not be listed as |
| cument's effective date on the Depar | tment of State's records. | | - | |
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| record specifies a delayed eff | fective date, but no | t an effective ti | me, at 12:01 a | .m. on the earlier of |
| he 90th day after the record | is filed. | | | |
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| sed SEPTEMBER 20TH | 2017 | | | |
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| Sign | nature of a member or author | arized representative | of a member | 10-14-14 |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00