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COVER LETTER

	Registration Sec Division of Corp						
erm rec	Anfield Roa	ed LLC					
SUBJECT: Name of Limited Liability Company							
The enclo	sed Articles of A	Amendment and fee(s) are subt	mitted for filing.				
Please ret	urn all correspor	ndence concerning this matter	to the following:				
		Morey Wright					
		Anfield Road LLC	Name of Person	 .			
		505 NE 13th St Units 1& 2	Firm/Company				
		Ft Lauderdale, FL 33304	Address	······································			
		mwright@providianconstruct	City/State and Zip Code tion.com				
		E-mail address: (t	to be used for future annual report no	tification)			
For furthe	r information co	oncerning this matter, please ca	iil:				
Morey W			954 210 2937	ne Telephone Number			
	Name of	Person	Area Code Daytii	ne Felephone Number			
Enclosed	is a check for the	e following amount:					
□ \$25.0	0 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 TO ARTICLES OF ORGANIZATION **OF**

Anfield Road LLC

(Name of the Limited Liability Company as it now appears on our recorder)
(A Florida Limited Liability Company) 11 11 -5

The Articles of Organization for this Limited Liability Company	were filed on and assigned and assigned				
Florida document number L13000044850	-				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC."				
Enter new principal offices address, if applicable:	505 NE 13th Street				
(Principal office address MUST BE A STREET ADDRESS)	Units 1 & 2				
	Ft Lauderdale FL 33304				
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City Zip Code				

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>	Address	Type of Action
MGR	Morey Wright	505 NE 13th Street UNits 1 & 2 Ft Lauderdale FL 33304	■ Add
		, <u> </u>	El Add
			□ Remove
			Change
AMBR	Ouincy Brown	11664 NW 19th Drive Coral Springs FL 33071	□ Add
			≅ Remove
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			☐ Change
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ated	30) May		19				
		Signature	of a member or	authorized repre	entative of a m	ember		
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Filing Fee: \$25.00