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T. LEMIEUX

COVER LETTER

-	Name of Lim	ited Liability Company	
ne enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ease return all correspo	indence concerning this matter	to the following:	
	GIL OVADIA		
	3804 SW 56 LLC	Name of Person	
	1761 W HILLSBORO BL	Firm/Company VD. STE 314	
	DEERFIELD BEACH, FL	Address 33442	
	GILOVADIA@USA.COM		
or further information c	E-mail address: (to be used for future annual report notifi all:	cation)
SIL OVADIA		786 262-3955	
Name o	f Person	at () Area Code Daytime	Telephone Number
inclosed 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

FILED 3804 SW 56 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2019 MAR || A @ @5 The Articles of Organization for this Limited Liability Company were filed on $\frac{7/19/2013}{}$ and assigned DALPETARÝ DE STATE TALLAHASSEE, FLORIDA Florida document number 1.13000102706 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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, 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RACHELLE OVADIA	1761 W HILLSBORO BLVD #314, DEERFIELDBEACH, FL	■ Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
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			☐ Change
			□ Remove
			□ Change
		·	Remove
			Change

ONLY ONE MANAGER'S SIC	MATURE NEEDED TO SIGN LEGAL DOCUMENTS FOR THIS LLC.
	
	3/6/2019
ective date, if other than the d	ate of filing: (optional) se specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
te: If the date inserted in this bloc	k does not meet the applicable statutory filing requirements, this date will not be listed
ument's effective date on the Dep	artment of State's records.
	effective data but not an effective time, at 17:01 a.m. on the earlier
he 90th day after the recor	effective date, but not an effective time, at 12:01 a.m. on the earlier of is filed.
ed	2019
	ignature of a member or authorized representative of a member

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Filing Fee: \$25.00