## L14000067994

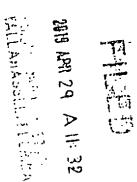
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## **COVER LETTER**

Registration Section

TO:

Division of Corpor	ations		
SUBJECT: INTE	resTATE LLO		
	Name of Limi	ited Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subr	mitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	Junitina	Name of Person	<del></del> .
	INTeres	TATE LLC Finn/Company	
		THECOMPANY	
	114 BAY BO	erry ROAd 1	
	, (	/ Address	•
	ALTAMONT	City/State and Zip Code	37714
•		City/State and Zip Code	
_	E 7 1 Iz 77	o be used for future annual report notifica	dina)
		·	uton)
For further information conce	rning this matter, please ca	ill:	
Name of her	Lizardo	at (407) 448 — Area Code Daytime T	76 17 elephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	330.00 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)
Registratio Division ot P.O. Box 6	Corporations	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

/N/I Exact A To /	1 Charles not
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)
124	, 2019, APR 29 A 11: 32
The Articles of Organization for this Limited Liah	ility Company were filed on 4/25/2014 and assigned  7994  ALLAHASSEL FLURIDA
Florida document number <u>L 140000 6</u>	7994 ALLAHASSEE, FLORISA
This amendment is submitted to amend the follow	ring:
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	OX)
THE STATE OF THE S	
	and the name of the
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the ce address here:
3. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter the name of the ee address here:
registered agent and/or the new registered office Name of New Registered Agent:	ce address here:
registered agent and/or the new registered office	ee address here:  Enter Florida street address
registered agent and/or the new registered office Name of New Registered Agent:	ce address here:

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EUNICE R LIZARDO	114 BAYLERRY ROAD	<b>∑</b> (Add
		ALTAMONTO Springs FL	Remove
		J ( 1 1 ·	Change
AMBR =	Juni Lenny Lizardo	114 BAY Gerry ROAd	🗆 Add
		ALTAMONTO SPRINGS FL 3271	Remove
			□ Change
			DAdd
			Remove
			Change
			□ Remove
			☐ Change
			Remove
_			Change
			Add
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·······
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.
Dated 4/19 1. 2017.
Signature of a member or authorized representative of a member
Y Suniterny Lizardo.  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00