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FEB 1 7 2020 S. YOUNG DEPARTMENT OF STATE TALLAHASSEE FLORID TALLAHASSEE FLORID

COVER LETTER

TO: Registration So Division of Con			
	IN Florida Pa	TEAN	LL <u>C</u>
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ت ت	Name of Person	
	-	Name of Person	-
	South	Firm/Company	densiti Term LLC
		N. OCEAN, OI	
		Address	
	- a -	In we do to	CL 3230F
	- FOR 1	City/State and Zip Code	
	E-mail address: (to be used for future annual	report notification)
For further information of	concerning this matter, please c	all:	
JUIN	KENNEY	at (954)	547.9473 Daytime Telephone Number
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &
Mailing Addre		Street Ac	
Registration Division of O			ation Section n of Corporations
P.O. Box 632	•		ntre of Tallahassee
Tallahassee,	FL 32314	2415 N	Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

T.C.	,
ARTICLES OF O	RGANIZATION
OF	在野 E T
<i>c</i> - 0	2 PART 21
South Floring Faire	ATT ATT AND LLC SOCKET TO OUR records)
(Name of the Limited Liability Companion (A Florida Limited Liability Companion)	RGANIZATION Yas it now appears on our records.) ability Company)
(A Florida Emilico III	CAS 7
The Articles of Organization for this Limited Liability Company w	were filed on 9/16 ないっ 電話 and and igned
Florida document number <u>L14000144 F72</u> .	
• • • • • • • • • • • • • • • • • • •	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Co to Co 101 Dic 101	an Sal Fram ILC
South Flag. d.a. Res. No. The new name must be distinguishable and contain the words "Limited Liability".	ty Company "the designation "LLC" or the appreciation "LLC"
The new name must be distinguishable and contain the words. Entitled Elabitic	
Enter new principal offices address, if applicable:	N/A
• • •	
(Principal office address MUST BE A STREET ADDRESS)	
	. 1
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ac	ldress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
N CN D ' LA	$\sim l_{13}$
Name of New Registered Agent:	
New Registered Office Address:	
New registered Office Address.	Enter Florida street address
	. Florida

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.

City

Zip Code

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
	wante w/A		
			Remove
			☐Change
			□Add
			Remove
			Change
			□ Remove
			□Change
			□ Add
			Remove
			□ Change
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			Change

	H/A
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(If an effe Note:	ve date, if other than the date of filing:
ne record ord is fil	d 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 ed.
5 1	1/13 2020
Dated _.	
Dated .	Cah Kenney
Dated .	Signature of a member or authorized representative of a member