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COVER LETTER

Division of Corp		•		
SUBJECT:	Botcher Rea Name of Limi	ted Liability Company	ent LL	- .
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	L. Maz	Name of Person		
	west	Firm/Company	·	
	393-00	D Country Roll	Suite 300)
,	Carle fla	xce NY 10	1-14	
	E-mail address: (i	City/State and Zip Code O ZO COULTES to be used for futury/annual report notif	Q verizon	. Net
For further information c	oncerning this matter, please ca	·	all Lower cass	2
	Person	at (646) 421	-217/ e Telephone Number	्र _ा ज
				89 71
Enclosed is a check for the 25.00 Filing Fee	the following amount: \$\Pi\$ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Star Certified Copy [tus & 🚆 🔾

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

The Articles of Organization for this Limited Liability Company were filed on 10-13-19Florida document number 414000759210 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 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) **5**1 B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Citv Zip Code

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.

Samo

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:

	unager thorized Member		
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record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early after the record is filed	rlięŗ
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	Signature of a member or authorized representative of a member	Ť.

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