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(E	Business Entity Name)				
(Document Number)					
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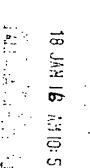
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## **COVER LETTER**

TO: Registration Se Division of Con			
SUBJECT:	Patricia	Bornes LLC.	
	Name of Limi	ited Liability Company	<del></del>
	EIN #	47-2332309	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Po	HRICIA BORGES Name of Person	<del></del>
		Firm/Company	
	\(\2\)	5 NE 17 th To	e C
		Address	
	Fox	I landerdale	FL 33304
	Patri	Firm/Company  1125 NE 17 th Ter.  Address  Fort Lander dale FL 33304  City/State and Zip Code  Patricia borge 3 @ Gravil. (Gravill address: (to be used for future annual report notification)  er, please call:  128 at (305) 423 - 512  Daytime Telephone Number  138	
	E-mail address: (t	to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
Patri	cia Booyes of Person	at ( <u>305</u> ) <u>423 –</u> Area Code Daytime	5 1 2 Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Patricia B	orges LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{L1400175409}{}$ .	. 1.5 1	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabile  Deed It Real Estate LL  The new name must be distinguishable and contain the words "Limited Liability".		abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1125 NE 17 TE	2 R	_
(Principal office address MUST BE A STREET ADDRESS)	Fort Landerdo	L FC 333x	<u>54</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Tool Landardo	ter Le FL 33	_ <u>३</u> ७५
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		er the name of the	e new
Name of New Registered Agent:	<del>.</del>	روب روب الموادي	_
New Registered Office Address:	Enter Florida street address	200	_
	, Florida _ City	Ziv Codes	—
New Registered Agent's Signature, if changing Registered Agent:		i u	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p			h the

If Changing Registered Agent, Signature of New Registered Agent

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 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
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Effective (	date, if other th	an the date o	ıf filina:				(option	al)	
(If an effective Note: If the	re date is listed, the he date inserted in s effective date o	date must be spec i this block doe	cific and car es not meet	mot be prior t t the applica			days after fil	ing.) Pursuant to 0	
	d specifies a d th day after t			e, but not	an effectiv	ve time, at	12:01 a.r	n. on the ea	rlier of:
Dated	Januar	y 9 th		- 106 - 106	<u>.</u> ·				
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