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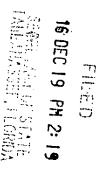
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COVER LETTER

TO:	Registration Se Division of Cor		•.	.							
SUBJE	TORCHIA	TI LLC	•								
DODGE		Name of Lim	ited Liability Company								
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.								
Please	return all correspo	ndence concerning this matter	to the following:								
		GAREY BUTLER									
			Name of Person	···							
		c/o BUCHANAN INGERSOLL & ROONEY PC									
		~	Firm/Company								
		2235 FIRST STREET									
			Address								
		FORT MYERS, FLORIDA	A 33901								
		-	City/State and Zip Code								
		GAREY.BUTLER@BIPC.									
For furt	her information co	e-mail address: (to be used for future annual report notificall:	cation)							
GARE	Y BUTLER		239 985-4814 at ()								
	Name o	f Person	Area Code Daytime	Telephone Number							
Enclose	ed is a check for th	e following amount:									
□ \$25	5.00 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 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

(Name of the Limit	ed Liability Company	st it now appears on	our records)			
(1) paint in the Entitle	(A Florida Limited Liab	oility Company)	· · · · · · · · · · · · · · · · · · ·			
The Articles of Organization for this Limited Liability Company were filed on 02/14/2015				and assigned		
Florida document number L15000027723	·•					
This amendment is submitted to amend the following	owing:		•			
a. If amending name, enter the new name of	the limited liabilit	y company here:				
•				•		
he new name must be distinguishable and contain the w	ords "Limited Liability	Company," the design		L.C."		
Enter new principal offices address, if applica	able:	SAME	T\$1 0	>		
Principal office address MUST BE A STREE	T ADDRESS)			<u> </u>		
	•••			119		
				k Ç		
Enter new mailing address, if applicable:	_			_		
Mailing address MAY BE A POST OFFICE	BOX))	5		
3. If amending the registered agent and/egistered agent and/or the new registered of Name of New Registered Agent:			er records, enter the name	of the		
Name Barbara I Office A Harris	2235 FIRST STRE	EET				
New Registered Office Address:		Enter Florida s	street address			
	FORT MYERS, FI	LORIDA	, Florida ³³⁹⁰¹			
		City	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.

Jarey Butter
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>	Address	Type of Action
AMBR	FRANCO RUSSO	3040 ESTERO BLVD	∃ Add
	·	FORT MYERS BEACH, FLORID	☐ Remove
			□ Change
AMBR	ALFREDO RUSSO	3040 ESTERO BLVD	□ Add
		FORT MYERS BEACH, FLORID	≅ Remove
			Change
			
			Remove
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<u>te:</u> If th	e date inserted in thi	is block does	not meet	t the applic	cable stat	atory filing	requirem	ents, this	date will not	be list	ed a
ument's	effective date on th	e Departmen	it of State	e's records	3.						
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Filing Fee: \$25.00