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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BATOR, O'CONNOR & ASSOCIATES LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Stephen Batur Name of Person	
BATOR, O'CONNOR & ASSOCIATES UC Firm/Company	
2541 South Palmetto Ave Address	
Sanford FL 32773 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Stephen Bater at (407) 437 4146 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Cadditional copy is enclosed) \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

BATOR, O'CONNOR &	ASSOCIATES	LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our reciability Company)	ords,)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on D2 24	2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
THE ALEXANDER GU	CLD LLC	
The new name must be distinguishable and contain the words "Limited Liabili		LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		H PALMETTO AVE
	SANFORD FL	32773
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		2
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		
	•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of New Registered Agent:		- γ γ · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street add	lress
		Florida
***************************************	City	Zip Code
Name Descriptioned Agent's Company of the paint Description of Agents		

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.

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>	Name	<u>Address</u>			Type of Action
MGR	CHRISTOPHER M. O'C	connor	225 B	EASLEY PL	∆AO □ Add
			OJIEDO	FL 327	165 Remove
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If an effe	ve date, if other than the date of filing:	ursuant to (605.0207 (3 isted as th
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docume the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed. July Lith Signature of a member or authorized representative of a member	the ear	rlier of:

Page 3 of 3

Filing Fee: \$25.00