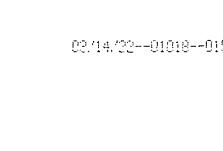
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COVER LETTER

Division of Cor			
SUBJECT:	TD (a))-tr Name of Lim	acting LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Adam_R	Name of Person	
	UD Cont	Firm/Company	
	<u>loboo Taylor</u>	Poud #110 Address	
	Punta Gold	(a FL 33950 City/State and Zip Code	
	<u> </u>	Ontractim. Com	ification)
For further information co	oncerning this matter, please ca	il:	
Adam Riv	Person	at (<u>L39</u>) <u>450 - 5</u> Area Code Daytin	122 ne Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 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 S		<u>Street Address:</u> Registration Se	ection
Division of C P.O. Box 632	orporations	Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LTD (O)	rtracturg LLC		
(<u>Name of the Limit</u>	ed Liability Company as it now app (A Florida Limited Liability Compan	y)	
The Articles of Organization for this Limited Li Florida document number <u>L150008750</u>		5/18/2015	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company	here:	
			2027
The new name must be distinguishable and contain the w	ords "Limited Liability Company," to	ne designation "LLC" or the	abbreviation "L.A.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE			
			
			-
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and/or ragent and/or the new registered office addres		r records, <u>enter the na</u>	me of the new register
Name of New Registered Agent:	Adam Riley		
New Registered Office Address:	6600 Taylor Road	Unit 110 Florida street address	
	Plyota Gorda	, Florida j	33950
	City		Zip Code
New Registered Agent's Signature, if changing F	legistered 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	Address	Type of Action
MGR	Evin Trinque	16055 BEGINNIA DR.	🗆 Add
		PUNTA GOYDA FL 33/155	Kemove
			□Change
AMBR	Samantha Tawoiski	13352 Alambea De.	□Add
		PUNTA GORDA FL 33955	XRemove
			ARemove → □Change
			□Add ==
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Iffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or mover. If the date inserted in this block does not meet the applicable statutory filing locument's effective date on the Department of State's records.	
ocument's effective date on the Department of Thate's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of lis filed.	on the earlier of: (b) The 90th day after the
Signature of a member or authorized representative	
Signature of a mambar or authorized representation	of a member

Filing Fee: \$25.00