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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	Cudio Co	Hages iic	
-	☐ Name of Lin	nited Liability Company	,
The enclosed Articles of An	nendment and fec(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Susan	Name of Person	
		Name of Person Soc Cofface C5 Firm/Company Take Rd 4A Address City/State and Zip Code Coffaces & grail. can ddress: (tabe used for filture annual report notification) please call: at (305), 9231496 Area Code Daytime Telephone Number e & S55.00 Filing Fee & S60.00 Filing Fee. tatus Certified Copy Certificate of State (additional copy is enclosed) Certified Copy certified Copy Certificate Copy certified Copy Certificate Opy Certificate Opy certified Copy Certificate Opy Certificate Opy certified Copy Certificate Opy Certificate Opy certified Copy Certified Copy Certificate Opy certified Copy Certified Copy certified Copy Certified Copy certified Copy Certified Copy	·
	Little	Torch Key Fl City/State and Zip Code	_ 330+2
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For further information conc	cerning this matter, please c	all:	
Susan Rich	erson	at (305) 923 Area Code Daytin	1496 ne Telephone Number
Enclosed is a check for the f	ollowing amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	VI
Cudive Cottages	2020 AUG 31 PH 4: 47
(Name of the Limited Liability (A Florida I.	Company as it now appears on our records.) ALLAGAS 30 E FLOSIO.
The Articles of Organization for this Limited Liability Cor	npany were filed on 8 24 2015 and assigned
Florida document number <u>L15000144105</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	SS)
	;
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	· · · · · · · · · · · · · · · · · · ·
D. 18	or is a factor of the second
agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
<u> </u>	
Name of New Registered Agent:	<u> </u>
New Decisional Office Address	·
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	d agree to act in this capacity. I further agree to comply with the aplete performance of my duties, and I am familiar with and at as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

	ling any other infor	mation, enter	change(s) he	re: (Attach ac	lditional sheet.	s, if necessary.,)	
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Note: If	date, if other than tive date is listed, the date the date inserted in this t's effective date on the	block does not	meet the appli	cable statutory	or more than 90 filing requirem	(optional) days after filing.) ents, this date w	Pursuant to 605. vill not be liste	.0207 (ed as t
If the record s record is filed	pecifies a delayed effe	ctive date, but no	ot an effective	time, at 12:01 (a.m. on the earli	er of: (b) The	90th day after	the
Dated	8/19		2021	<u>D</u> .				
	8/19 Susa	Ric	λ					
		Signature of	a member or aut	horized represent	ative of a membe	r	<u> </u>	