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#### **COVER LETTER**

TO: Registration Section Division of Corporations

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Jeff	rey P. Dwyer	
		Name of Person	
	FLA 77	UNIT LLC	
	<u> </u>	Firm/Company	
	725 3r	d Street	
	POBC	x 790	
		Address	
	Cedar	Key, FL 32625-0790	
		City/State and Zip Code	
	jpd@jp	dwyerinc.com	
	E-mail address: (	to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please c	all:	
Jeffrey P.	Dwyer	at ( <u>352</u> ) <u>543-9307</u>	
Name o	ť Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	he following amount:		
X S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>S60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy (additional copy is effected)</li> </ul>
			HAR 22
Mailing Addres		Street Address: Registration Sec	tion TT T
Registration 5 Division of C		Registration Sec Division of Corr	
P.O. Box 632	•	The Centre of T	
Tallahassee, I			Street. Suite 810
		Tallahassee, FL	

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLA 77 UNIT LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>10/13/15</u> and assigned

Florida document number <u>115000174172</u>

This amendment is submitted to amend the following:

#### A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:				
New Registered Office Address:			20	(Y)
	Enter Flor	ida street address	ì	
		• :	H.	71
		, Florida	AR	·
	City	·-	<b>23</b> (1	ode <sub>1</sub>
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>		רד	$\square$
			0	

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 Lam 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	<u>J.P.Dwyer.Inc.</u>	725 3rd St., Cedar Key, FL 32625	🗆 Add
			Remove
			□Change
MGR	Jeffrey P. Dwyer	725 3rd St., P. O. Box 790	<b>X</b> Add
		Cedar Key, FL 32625-0790	🗆 Remove
		<u></u>	Change
	<u></u>		🗆 Add
		·	🗌 Remove
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			Change
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			🗆 Remove
			⊡Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MARCH 17 \_\_\_\_\_\_\_ Supature of a member or authorized representative of a member

Jeffrey P. Dwyer, President, J. P. Dwyer, Inc. Manager

Typed or printed name of signee