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US 10/25/20

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: AVE	Name of Lim	Success ited Liability Company	<u>L.L.C.</u>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Rogerick Avenues	Name of Person	2021 SEP III
	401 N RO.	Firm/Company Semary Avent	THE PH 2: 09
	Smith voc E-mail address: (City/State and Zip Code OCY (K O GMG) to be used for future annual report notice	FL, 33401 1. Com fication)
For further information con	ncerning this matter, please co	all:	
Rogerick (Name of)	SM 1-H) Person	at (Sto) 271- Area Code Daytime	- 30 26 c Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, FI	rporations	Street Address: Registration Sec Division of Con The Centre of T	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Huenues 10	2010000 F. F. C.
(A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	mpany were filed on 12/24/15 and assigned
Florida document number <u>L1500021265</u>	3
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
GYDSY ROW EXTENS	sions L.L.C.
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1820 TALL
(Principal office address MUST BE A STREET ADDRE	
	P I
Enter new mailing address, if applicable:	- 2
(Mailing address MAY BE A POST OFFICE BOX)	777 09
D. If amonding the project and another discovery	-0711
agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
 -	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.

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:

$MGR = \cdot$	Manager	

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00