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My

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Three Name of Lim	Sautander UC ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Patr	icia Stelluto Name of Person	
		Firm/Company	
	888	Brickell Key I	DR. #2211
		AM Fl. 3313 City/Stale and Zip Code	
	PSShow (E-mail address: (coom doral 22 e to be used for future annual report noti	<u>omail</u> com
For further information co	oncerning this matter, please co		5
Patricia	Stellate	at (<u>786</u>) <u>513 -</u> Area Code Daytim	4304
Name of	Person	Area Code Daytim	e Telephone Number
r Dankanad (a.a.akaala Kaada	. Call and a superior		
Enclosed is a check for th ☐ \$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 Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

hree Cantouder UC
(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 $\frac{02/23/2016}{2016}$ and assigned Florida document number $\frac{LI-6.00038268}{2000000000000000000000000000000000000$
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) WAM, Fl. 33131
(Principal office address MUST BE A STREET ADDRESS) UAM, +1. 33131
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, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: PATRICIA Stelluto
New Registered Office Address: 888 Bricke U Key DR. # 72211 Enter Florida street address
MAM, Florida 39131
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 Raicia Stelluto

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
			
			□Remove
			□Change
			□ Remove
			□ Change
			□ Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Remove
			Change
_			□Add
			□ Remove
			□ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an e Note:	tive date, if other than the date of filing:
he reco	rd 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 filed.
Dated	5-15;20.99 V Loberai
	Signature of a member or authorized representative of a member
	Typed or printed name of signee