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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Toperial Program Name of Limited Liability Compan	Services, LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Richard Pr	TT TT
Name of Person Firm/Company	m Sarvices
867 N.W. 82 Address	Avenua
City/State and Zip	Social 33071 Code Code Concastine Concastine Concastine Concastine Concastine Code
For further information concerning this matter, please call:	
Richard Prati III at (954) Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
▼ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Certificate of Status □ \$55.00 Filing Certified Copy	certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con	o Homes, Lic	·
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{2}{24}$	€ and assigned
Florida document number <u>L16000390</u> 4	7	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	Services, LLC	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		元,,
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	9
		3 7
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		18. 31. 6. †
B. If amending the registered agent and/or registered		ter the name of the nev
registered agent and/or the new registered office address b	h <u>ere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	ı
	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 = Manager AMBR = Authorized Member

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