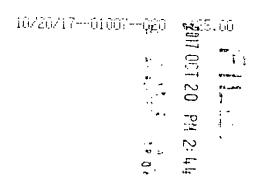
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OCT 2.3 2017 J. HARRIS

COVER LETTER

TO: Registration S Division of Co	Section orporations		
IZZY - LI	IZZY ACRES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Sheldon Rubin		
		Name of Person	
		Firm/Company	
	4600 Lyons Road		
		Address	
	Lake Worth, FL 33467		
	sheldonwrubin@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	otification)
For further information	concerning this matter, please c	all:	
Sheldon Rubin		561 704-1959 at ()	
Name	of Person	at () Area Code Dayti	me 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)	□ \$60.00 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/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 Co) (A Florida Limi	mpany as it now appears on our recorted Liability Company)	'ds.)		
The Articles of Organization for this Limited Liability Company were filed on [1.16000045721] [1.16000045721]				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited I	iability company here;			
Izzy-Lizzie Acres, LLC				
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4600 Lyons Road			
(Principal office address MUST BE A STREET ADDRESS	Lake Worth, FL 33467	F. 28		
Time par office magess most measurements				
Enter new mailing address, if applicable:	4600 Lyons Road	20 J		
Mailing address MAY BE A POST OFFICE BOX)	Lake Worth, FL 33467			
		<u> </u>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address to a second seco	<u>iere</u> :	is, <u>enter the name of the</u>		
•				
New Registered Office Address: 4600 Lyons				
	Enter Florida street addre	*53		
Lake Worth		33467		

1

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 effice address. I hereby confirm that the limited liability company has been notified in writing of this change

Remanging Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
			Change
			D Add
			□ Remove
			COAdd
			□ Remove
			Change
			Add
			Remove
			☐ Change

Effective date, if other than the date of filing: October 18 2017 (optional) fan effective date is listed, the date must be specific and cannot be prive to date of tiling or more than 90 days after tiling.) Pursuant to 605.029 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted a document's effective date on the Department of State's records. The 90th day after the record is filed. Signature of a member or authorized representative of a member of Sheldon W. Rubin				
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Filing Fee: \$25.00