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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| | gistration Sect vision of Corpo | | | |
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| allo le co | | RDEN OF ORLANDO LLC | | |
| SUBJECT: | | Name of Limit | ed Liability Company | |
| The enclose | d Articles of A | mendment and fee(s) are subn | nitted for filing. | |
| Please return | n all correspond | dence concerning this matter to | o the following: | |
| | | TAK C. CHOW | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 5210 W. COLONIAL DR. | | |
| | | | Address | |
| | | ORLANDO, FL 32808 | | |
| | | | City/State and Zip Code | |
| | | ROBERTSHO1021@HOT | | |
| | | E-mail address: (to | be used for future annual report notific | ation) |
| For further i | information cor | ncerning this matter, please cal | ll: | |
| ROBERT I | | | 917 742-7054 at () | |
| | Name of I | Person | Area Code Daytime | 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:

TO:

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

| JOYFUL GARDEN OF ORLANDO LLC | |
|---|---|
| (Name of the Limited Liability C (A Florida Lin | Company as it now appears on our records.) imited Liability Company) |
| The Articles of Organization for this Limited Liability Com | mpany were filed on 3/30/2016 and assigned |
| Florida document number L16000063847 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | d liability company here: |
| The new name must be distinguishable and contain the words "Limited | d Liability Company "the designation "LLC" or the differentian "LLC" |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRES | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 6. 08 |
| B. If amending the registered agent and/or register- registered agent and/or the new registered office addres: | red office address on our records, <u>enter the name of the ss here</u> : |
| 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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|---------------|-------------|----------------------------|-----------------|
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| | 7/1/2018 |
| (If an eff Note: | ive date, if other than the date of filing: |
| | ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | |
| | |
| | Signature of a member or authorized representative of a member |
| | |
| | TAK C. CHOW |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00