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COVER LETTER

Division of Cor	porations		
SUBJECT: 171	I E. Noel Str	eet Proporties,	lic
	Name of Emil	ned Claimity Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jonathan Capestany		
		Name of Person	
		Firm/Company	
	9816 Island Harbor Dr		
	Port Richey, FL 34668	Address	
	angela@amrlawfirm.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ea	all:	
Angela Reimer		813 475-6067	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

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

III E. Noel Street Ma						
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our red liability Company)	cords.)				
The Articles of Organization for this Limited Liability Company	were filed on 4 19	[[4]	and assig	gned		
Florida document number <u>L14060079582</u>						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbrevia	ntion "L.L	C."		
Enter new principal offices address, if applicable:	9816 Island Harbor Dr					
•	Port Richey, FL 34668	<u> </u>	1019	_ _ _		
(Principal office address MUST BE A STREET ADDRESS)				esarrege u		
	9816 Island Harbor Dr	 	വ			
Enter new mailing address, if applicable:			<u>≯</u>	1 b		
(Mailing address MAY BE A POST OFFICE BOX)	Port Richey, FL 34668	**************************************	<u> </u>	<u>. '£' .</u>		
			_ _ _			
B. If amending the registered agent and/or registered o		ords, <u>enter the</u>	<u>name</u> (of the nev		
registered agent and/or the new registered office address her	<u>v</u> .					
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
		, Florida				
	City	7.	ıp Code			
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>					
I hereby accept the appointment as registered agent and agr	ree to act in this capacity.	1 further agree t	o compi	ly with the		
provisions of all statutes relative to the proper and complete	performance of my duties	s, and Lam fami 05 FS Ov iEdi	iar witt is docu	r and ment is		
accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	providea jor in Chapier o 2 address, I hereby confirm	n that the limited	ts abetu Hiabilii	v v		
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 ador removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action Address Title <u>Name</u> □ Add ☐ Remove _□ Change _□ Add _□ Remove _□ Change _____ 🗆 Add _□ Remove _□ Change □ Add ☐ Remove _____ □ Change _□ Remove _□ Remove

_____ Change

an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.05 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed becument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed.									 -
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Signature of a member or authorized representative of a member	ited October 8			. 2019	 				
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Filing Fee: \$25.00