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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor	ection porations		
	19490 1	NW 80TH DR, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub indence concerning this matter	_	
		DANA M. SANTINO, ESQ.	
		Name of Person	
	LAW	OFFICES OF DANA M. SANTINO	
		Firm/Company	
	71111	FAIRWAY DRIVE, SUITE 302	
		Address	
	PALM	1 BEACH GARDENS, FL 33418	
	700.438	City/State and Zip Code	
		TINO@DMSLAWGROUP.COM to be used for future annual report notific	ation)
For further information c	oncerning this matter, please c	all:	7 28 18 28 18 18 18 18 18 18 18 18 18 18 18 18 18
DANA M. S	ANTINO, ESQ.	561 691-6045	を発 を T
Name o	f Person		Felephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filling Fee,
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1	19490 NW 80TH DR, LLC		
(Name of the Limited (A	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on	June 7, 2016	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company her	2:	
The new name must be distinguishable and contain the work	s "Limited Liability Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicab	le:	<u> </u>	
Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or		our records anter	the north of the ne
egistered agent and/or the new registered offic	e address here:	records, <u>enter</u>	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	2
New Registered Office Address:	Enter Florid	a sireei address	
		, Florida	ig w
	City	rioriua	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>	Address	Type of Action
MGR	PYM, INC.	125 S. STATE ROAD 7	
		SUITE 104-137	■ Remove
		WELLINGTON, FL 33414	☐ Change
MGR	PYM ENTERPRISES, LLC	125 S. STATE ROAD 7	■ Add
,		SUITE 104-137	□ Remove
		WELLINGTON, FL 33414	☐ Change
			□ Add
			ORemove 7
-			CRATE W REMOVE
			☐ Change
			☐ Add
			□ Remove
		-	☐ Change
			□ Add
			□ Remove
			□ Change

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te: If the date inserte	ed in this block does not meet the applicable stee on the Department of State's records.		
eument's effective da	e on the Department of State's records,		
	a delayed effective date, but not an r the record is filed.	effective time, at 12:01	a.m. on the earlier
ted	July 11 , 2016		
	t .		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00