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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone #	9
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	f Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEF

COVER LETTER

TO: Registration S Division of Co		
SUBJECT:	Name of Limited Liability Company Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for tiling.	
Please return all corresp	condence concerning this matter to the following:	
	Name of Person	
	Name of Person Denovo Executive Suites LLC Firm/Company	
	453 Brozman Lane	
	Co COA F1 32927 City/State and Zip Code	
	E-mail address/(to be used for future annual report notification)	
For further information	concerning this matter, please call:	
Von No 1	of Person at (321) 5911-6558 Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Denovo Executive Suites LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Nov16 2016 and assigned

Florida document number <u>L16000209490</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ifity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	COCOA FI 32927	
(Principal office address MUST BE A STREET ADDRESS)	(OCOA F/ 32927_	
Enter new mailing address, if applicable:	453 Brozman Lane COCOR FI 32927	
(Mailing address MAY BE A POST OFFICE BOX)	(OCOR F1 32921	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida Florida	<u>ed</u>
	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 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	Michael Christie	2496 BONNY DR	□Add
		Cocoa Fl 32920	& DRemove
			□Change
MGR	Richard Gabri	264 Old School R	Add
		La Grange Ga 3024	□ Remove
			□Change
			
			□Remove
			⊒Add
			□Remove
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effective date	is listed, the date r te inserted in this	nust be specific	and cannot be	prior to date of				
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	2) ~~~	Signature 8	Fa member ov	authorized rep	resentative of a	member		