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COVER LETTER

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TO:	Registration Se Division of Cor			
SUBJEC	LT OVIE	EDO LLC		S
SUBJEC	∪1: <u> </u>	Name of Lin	ited Liability Company	
		Amendment and fee(s) are sub	_	
		STEPHANIE SOUSA		
		LT OVIEDO LLC dba Ke	Name of Person Her Williams Advantage Realty	
		59 Alafaya Woods Blvd	Firm/Company	
		Oviedo, FL 32765	Address	
For furth	er information co	E-mail address: (to be used for future annual report noti all:	fication)
STEPHA	ANIE SOUSA		407 977-7600 at ()	
	Name of	f Person		e Telephone Number
Enclosed	I is a check for th	e following amount:		
\$25.0	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)
	MAILI	NG ADDRESS:	STREET/COURI	ER ADDRESS:

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LT OVIEDO 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 C	company were filed on	12/27/2016	and assigned
Florida document number L17000001239	<u>_</u> .		્રમું,
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company h	ere:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		n our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Murray Coleman	59 Alafaya Woods Blvd Oviedo, FL 32765	■ Add
			Remove
			□ Change
			Add
			□ Remove
			Change
			Add
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			☐ Change
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		<u>. </u>	Remove
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			Remove
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ffective date, if other than the	date of filing:		(optiona	i)
an effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the a	pplicable statutory f	r more than 90 days after fill iling requirements, this da	ng.) Pursuant to 605.020 te will not be listed as
e record specifies a delayed The 90th day after the reco		it not an effectiv	e time, at 12:01 a.m	ı. on the earlier c
September 11th	2019			
	Inrell	·		
\bigcirc	i Uprile	r authorized representa		

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Typed or printed name of signee

Filing Fee: \$25.00