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## **COVER LETTER**

TO; Registration Section

ER LLC	
Name of Limited Liability Company	_
and fee(s) are submitted for filing.	
cerning this matter to the following:	
ANZA, Esq.	
Name of Person	<del></del>
SA P. LANZA, P.A.	
Firm/Company	
ndon Blvd., Suite 420	
Address	<del></del> -
scayne, FL 33149	
City/State and Zip Code	
	_
E-mail address: (to be used for future annual report notification)	
his matter, please call:	
305 361-0997	
Area Code Daytime Telephone Num	iber
g amount:	
tificate of Status Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
RESS: STREET/COURIER ADDRESS on Registration Section rations Division of Corporations Clitton Building 2314 2661 Executive Center Circle Tallahassee, FL 32301	i:
	Name of Limited Liability Company  and fee(s) are submitted for filing.  cerning this matter to the following:  ANZA, Esq.  Name of Person  SA P. LANZA, P.A.  Firm/Company  Indon Blvd., Suite 420  Address  Scayne, FL 33149  City/State and Zip Code  clissalanzalaw.com  E-mail address: (to be used for future annual report notification)  his matter, please call:  305 361-0997  at (

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 DEC 13 PM 3:54

TALLAHASSEE. FLORION

INTREPID COMMUTER LLC

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

	CORIL
The Articles of Organization for this Limited Liability Company	were filed on 01/25/2017 and assigned
Florida document number 1.17000020316	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liah</u>	stity company nere:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
ľ	50 Ocean Lane Drive, Unit 106
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Key Biscayne, FL 33149
Trincipal office address SIOST BE A STREET MODRESS)	
Enter new mailing address, if applicable:	50 Ocean Lane Drive, Unit 106
(Mailing address MAY BE A POST OFFICE BOX)	Key Biscayne, FL 33149
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	vec to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
, in the second of the second	

If amending Authorized Person or removed from our records:		n(s) authorized to r	nanage, enter the title, name, and addres	s of each person being added
MGR = M $AMBR = A$	ļanager Authorized Member		•	
<u>Title</u>	<u>Name</u>		Address	Type of Action
AMBR	Eric Soulavy		240 Crandon Blvd., Suite 250	
			Key Biscayne, FL 33149	■ Remove
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D. If am	ending any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an el <u>Note:</u>	ffective date is listed, the date If the date inserted in thi	the date of filing:
	cord specifies a dela e 90th day after the	 yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: record is filed.
	December 12,	2017
Dated		
		Signature of a member or authorized representative of a member
	Alfredo Volante, Añ	
		Typed or printed name of signee
		Page 3 of 3

Filing Fee: \$25.00