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COVER LETTER

	egistration Sec livision of Corp			•				
CUD IDO		Affiliates, LLC						
SUBJECT	. <u> </u>	Name of Limi	ted Liability Company					
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.					
Please retu	ırn all correspo	ndence concerning this matter	to the following:					
		Devin A. Damon						
			Name of Person					
		Phelps Dunbar LLP						
Firm/Company								
	100 South Ashley Drive, Suite 2000							
	,		Addiess					
		Tampa, Florida 33602						
		devin.damon@phelps.com	City/State and Zip Code					
		E-mail address: (to be used for future annual report notif	ication)				
For furthe	r information co	oncerning this matter, please ca	all:					
Devin A.	Damon		813 222-7673					
	Name o	f Person	Area Code Daytimo	: Telephone Number				
Enclosed	is a check for th	ne following amount:						
\$25.0	0 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: 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

Lombardo Affiliates, LLC						
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company	were filed on February 27, 2017	and assigned				
Florida document number LI 7000046282						
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 Links	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	306 East Oak Avenue, Tampa, Florida 33602					
Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	306 East Oak Avenue, Tampa, Flor	ida 33 602				
B. If amending the registered agent and/or registered o		nter the name of the n				
registered agent and/or the new registered office address her	<u>·e</u> :	œ =1 ORIDA				
Name of New Registered Agent:						
New Registered Office Address:	7 7 7					
	Enter Florida street address					
	, Florid:	Zip Code				
	0.17	in come				

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
C00	Kennard Blyden	306 East Oak Avenue, Tampa, Florida 33602	
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Filing Fee: \$25.00