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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONVEXORATE PORTERS BIC LILL
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victoria Wood
CONVEXORATEOR BEQUE
Firm/Company Firm/Company OB15
Devou Boach F 33483
Vivo de veronent. Con
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victoria UCCOI at (Edd) AC5 5/50

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- □ \$25.00 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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed 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 MOCh 1, 2017 and assigned Florida document number _______ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

Zip Code

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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	-Victoria Wood	455NE5TAR DBY	_ □ Add
		Delray Beach FL	Remove
		33483	Change
AMBR	Eugene Baler	455 NE5th Luc DB15	□ Add
	J	455 NE 5th Luc DB15 Delray Beach Fr	
		3348	Change
			Remove
			Change
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