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TO		sistration Secution of Corp		the contract of the contract o					
erii	R IFCT.	1025 Rose A							
Name of Limited Liability Company									
The	enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.					
Plea	ase return	all correspon	dence concerning this matter	to the following:					
			Michael A. Scott, Esq.						
				Name of Person					
			The Dorcey Law Firm, PL	С					
			· · · · · · · · · · · · · · · · · · ·	Firm/Company					
			10181 Six Mile Cypress Pi	kwy, Ste. C					
				Address					
			Fort Myers, FL 33966						
				City/State and Zip Code					
			mike@dorceylaw.com						
			E-mail address: (to be used for future annual report no	rification)				
For	further in	formation cor	ncerning this matter, please ca	all:					
Mic	hael A. S	Scott		239 418-169 at ()					
_		Name of I	Person	Area Code Daytir	ne Telephone Number				
Enc	losed is a	check for the	following amount:						
=	\$25.00 F	iling 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

1025 Rose Avenue, LLC	
(<u>Name of the Limited Llability Company as it now a</u> (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number $\frac{L17000050741}{L17000050741}$	on 03/03/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company,"	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	17 The last of the
(Mailing address MAY BE A POST OFFICE BOX)	
	S
B. If amending the registered agent and/or registered office address	ss on our records, enter the name of the
registered agent and/or the new registered office address here:	
	₽ ™
Name of New Registered Agent:	
New Registered Office Address:	
	er 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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	3D Property Management, LLC	PO Box 51621	
		Fort Myers, FL 33994	■ Remove
			☐ Change
MGR	_ 3D <u>Property Manageme</u> nt Wyoming, LLC	PO Box 51621	Add
	Wyoming, LLC	Fort Myers, FL 33994	□ Remove
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Filing Fee: \$25.00