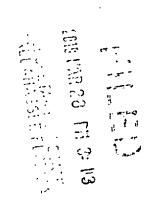
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| (Reque | estor's Name) | |
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| (Addre | ess) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ess Entity Nar | ne) |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to Fili | ing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | | |
|-----------------------------------|--|---|-----------------------------|----------------|
| SUBJECT: | A bove ANO 19 | SEYOND SAVING aited Liability Company | 8 LLC | |
| The enclosed Articles of | f Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | Jal | Name of Person | | |
| | | Firm/Company | | |
| | 968 | CLASSIC VIEN Address |) DR. | 2019 HAR 20 |
| | Aubur | NOALE FL 33 City/State and Zip Code | 3823 | R 20 Th 0 |
| | E-mail address: (| to be used for future annual report notif | ication) | |
| For further information | concerning this matter, please c | all: | | نی ا |
| Joh Name | N SACO | at (<u>263</u>) 22 Area Code Daytime | 7 - 679 Telephone Number | 5_ |
| Enclosed is a check for t | the following amount: | | | |
| 25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & |
| MAII | JNG ADDRESS: | STREET/COURII | ER ADDRESS: | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Above AND | BEYOND SAVINGS LLC |
|--|--|
| (Name of the Limited Liability (A Florida | Company as it now appears on our records.) Limited Liability Company) |
| The Articles of Organization for this Limited Liability Co Florida document number <u>L17000075906</u> | ompany were filed on $04/04/2017$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limit | ed liability company here: |
| Above AND BEYOND | CEXTERIOR (LEANING LLC) cd Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| The new name must be distinguishable and contain the words "Limit | ed Liability Company," the designation "LLC" or the abbreviation [1L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRE | $\wedge/A = 2$ |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | N/A Sm w |
| | |
| D. If amounting the state of th | |
| B. It amending the registered agent and/or registered agent and/or the new registered office addresses. | ered office address on our records, enter the name of the new |
| | |
| Name of New Registered Agent: | N/H |
| New Registered Office Address: | • |
| | Enter Florida street address |
| | , Florida |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered | Agent: |
| provisions of all statutes relative to the proper and con accept the obligations of my position as registered age | nd agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability |
| | |
| | If Changing Registered Agent, Signature of New Registered Agent |
| | 6 6 S |

ff 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 |
|--------------|-------------|--------------|--|
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| n effective date is listed | er than the date of fi | c and cannot be prior to | date of filing or more tha | (optiona nn 90 days after filir | g.) Pursuant to 605. |
| | ted in this block does nate on the Department | | le statutory filing requ | irements, this da | te will not be liste |
| | · | | | | |
| | a delayed effective | | an effective time, | at 12:01 a.m | . on the earlie |
| • | er the record is file | ed. | | | |
| Har | ch 25th | 2019 | ~ | | |
| ited 9000 | | | not : | | |
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| _ | | <u> </u> | ed representative of a n | | <u> </u> |

Page 3 of 3

Filing Fee: \$25.00