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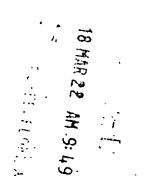
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:O	od spring S	ouites 27 LL ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Meera	BhuHa Name of Person	.
		Firm/Company	
	520, Vin	eland Road S	wite 200
		Address	
	Orlando	FL 32811 City/State and Zip Code	
		City/State and Zip Code	
	meera E-mail address:	parkSquarehome o be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	,	,
Meera B	hulla	at (<u>407</u>) <u>529</u> -	3067
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	e 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 radditional 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 8502456051

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dears on our records.) my) April 17 2017 and assigned
April 17 2017 and assigned
<u>v here</u> :
the designation "LLC" or the abbreviation "L.L.C."
Davenport LLC
o Vineland Road Swite 201 ndo FL 32811
·
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s on our records, enter the name of the new
9
<u> </u>
32 9
175 1
r 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Remove
			Change
			Add
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Can effective date <u>Note:</u> If the dat	, if other than the date e is listed, the date must be sp te inserted in this block de ective date on the Departr	secific and canno oes not meet th	e applicable s	e of filing or mo	re than 90 days a			
	ecifies a delayed effe ay after the record i		but not an	effective ti	me, at 12:0	1 a.m. on the	e earli	er of
Dated 3	121/18 Julil	·	·					
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Page 3 of 3

Filing Fee: \$25.00