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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: 102	29 BRADY ST. Name of Lim	LLC lited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		Po Name of Person	
	AVENT	Name of Person CAPITAL, UC Firm/Company	
	4581 KlE	570W RD # 29B Address	
	MESTON,	City/State and Zip Code O @ AUGUT (AP) To to be used for future annual report notifi	
	E-mail address: (to be used for future annual report notifi	Al. COM ication)
For further information of	concerning this matter, please ca	all:	
KATTE Name o	ROMANO of Person	at (954) 895 Area Code Daytime	-0123 Telephone Number
Enclosed is a check for t	he 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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1029 BeA	ADY ST., LLC	
(Name of the Limited I	Liability Company as it now appears on our s Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabi	· · · —	20/17 and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
1029 BRADY STREET The new name must be distinguishable and contain the words	- UC	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	332 N
B. If amending the registered agent and/or		cords, enter the name of the new
registered agent and/or the new registered office	address here:	N (1)
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
<u> </u>		_, 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 = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
	A Section of the sect		Add
			☐ Remove
		without the second seco	☐ Change
	- March Wards Warran		
			□ Remove
			Change
			□ Add
			Remove
			□ Remove
			
			Remove
			Change
		- The Park Inc	□ Add
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Filing Fee: \$25.00