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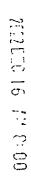
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporation	ons			
SUBJECT:	Name of Lir	M65 UC		
The enclosed Articles of Amend	ment and fee(s) are sul	omitted for filing.		
Please return all correspondence	concerning this matter	to the following:		
	GEROLA PLOCES	Name of Person Homes III Firm/Company	<u>) </u>	-
	S61 NE	797H St. S	20176 3 8 0	2020 EC
	MEAMI. F	City/Ntate and Zip Code	8	
	E-mail address; (ELILIUME NOT to be used for future annual re	oort notification)	:: ::
For further information concerning	ng this matter, please c	all:		. 00
GEROLATIO (Name of Person	GIVSTO	at (Code)	69-7246 Daytime Telephone Number	т
Enclosed is a check for the follow	ving amount:			
	30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclose	ed) Centified	ite of Status &
Mailing Address:		Street Add	ress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

* ROCCO HOMES	UC	
(Name of the Limited Liability (A Florida I		n our records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>LAFOOM246A4</u>		06/07/2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here	: /
The new name must be distinguishable and contain the words "Limite	d Liability Company," the desig	nation "LLC" of the abbreviation "LLC"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	(22)	
		75 B
Enter new mailing address, if applicable:		- B
Mailing address MAY BE A POST OFFICE BOX)	/	<u></u>
	<u> </u>	
		[편
B. If amending the registered agent and/or registered of sent and/or the new registered office address here:	ffice address on our reco	rds, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	Citv	, Florida 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 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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			□Change
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rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or a te: If the date inserted in this block does not meet the applicable statutory fili- cument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 60 ing requirements, this date will not be lis
Authorit 3 choolive date on the Department of State 3 records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. s filed.	n, on the earlier of: (b) The 90th day after
ed DROSMAGE V/A. 222	
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