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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	VATE HOME CLE Name of Limi	EANING SAPASOTA (110
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return ail correspon	dence concerning this matter	to the following:	
		VOVEVA DE BARROS Name of Person	
		PHC SATTASOTS LLC Firm/Company	,
	411)	BEE PIDSE RD Address	
		APASOTA FL 3433. City/State and Zip Code	3
	GENOVEVAT E-mail address: (1	DEBARPOS @ MAIL CA. to be used for future annual report notif	M ∫ication)
For further information co	oncerning this matter, please ca	all:	
	DE BAZZOS Person	at (<u>941)</u> <u>586 - Jaytime</u>	18 33 e Telephone Number
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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 Address: 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

(Name of the Limited Liability Compa (A Florida Limited	EAVING SAPASOTA LLC any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL	were filed on $3/31/2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4111 BEE PIXE KD
(Principal office address MUST BE A STREET ADDRESS)	SAPASOTA FL 34233 8
Enter new mailing address, if applicable:	4111 BEE RIDGE RD IT
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Futur Florida array address
	SAPASOTA FL 3433 = 300 cm and/or registered office address on our records, enter the name of the new registered address here: Sent: Enter 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
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ie: If th	date, if other e date is listed, ne date inserte s effective dat	d in this block	does not m	eet the appl	icable statute	ling or more the	(opti an 90 days afte uirements, th	ional) or filing.) Pursuant to 60: is date will not be list	5.02 :ed :
s filed								b) The 90th day afte	er th
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Filing Fee: \$25.00