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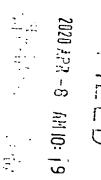
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COVER LETTER

Division of Corporations
UBJECT: 8783 SE Hobe Riche LLC Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Alanna Rubin Name of Person
Name of Person
8783 SE Hobe Ridge LLC
· ····· - · ···· - · · · · · · · · · ·
4713 Brandymne Dr Address
Boca Raton, FL 33487 City/State and Zip Code agn midwife & Gmail . com E-mail address: (to be used for future amoral report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call;
Algana Rubin at (772) 215-733 Name of Person at (772) Daytime Telephone Number
nclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

\$183 SE H	she Ridge LLC	_	
(<u>Name of the Limited Lial</u> (A Flo	bility Company as it now appears o rida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Florida document number 1700 F14663		7/19/17	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company here	:	
The new name must be distinguishable and contain the words "I	.imited Liability Company," the design	gnation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			7777 FF 77 FF 17 F
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our reco	ords, enter the name of	the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
	City	, Florida 	p 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>	<u>Address</u>	Type of Action
AMBR	Alanna Rubin	4913 Brandymino Dr	🗆 Add
		4913 Brandymino Din Boxa Raton FL 33487	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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