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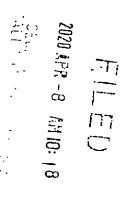
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Amend

APR 2 2 2020

COVER LETTER

TO: Registration Sec Division of Cor			
SUBJECT:	8785 SE Name of Limited	He Ridge LL Liability Company	
The enclosed Articles of	Amendment and fee(s) are submit	ted for filing.	
Please return all correspo	ondence concerning this matter to	he following:	
	Alana	Rusin	
		Name of Person	
	2785 SE	Hobe Ridge Le	<u> </u>
	4913 Brano	lymne Dr	
	10	ON FL 33 V8 City/State and Zip Code	7
		Pe Qgmail Co e used for future annual report noti	
For further information co	oncerning this matter, please call:		
Alan	na Rubin	_a(772)_215	-733]
Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 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

8785 CE HW	e Ridge	LLC			
(Name of the Limited Liability (A Florida	ty Company as it now a Limited Liability Comp	ppears on our reco	rds.)		
The Articles of Organization for this Limited Liability C Florida document number <u>L 17009</u> 94673	Company were filed o	n9/19/1	7	and as:	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ited liability compa	ny here:			
The new name must be distinguishable and contain the words "Lim	ited Linkiller Company	the designation W. I	(**)		1.07
	ned Elabinity Company,	the designation 17	.C or the abbrev	tation "L	.1 <i></i> .C.
Enter new principal offices address, if applicable:				 	
(Principal office address MUST BE A STREET ADDR	(ESS)				
				2072	
					\neg
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·	ञ्च	
(Mailing address MAY BE A POST OFFICE BOX)				တ်	;
	 _				 :
				<u> </u>	'``
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on o	our records, <u>ente</u>	r the name of	thetier	<u>v registere</u>
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	۸۰.	, F	lorida		
	City		7	ip 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>	Name	Address	Type of Action
AMBR	Alama Rubin	4913 Brandymine Dr Bioca Ration, FL 334	□Add
		Bioca Raton, FL 334	P7 □Remove
			Change
			□Add
			Remove
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an effectiv	e date is listed.	the date must be specifi	c and cannot be prior	to date of filing	or more than 90 c	lays after filin	g.) Pursu	ant to 605.0207
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