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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	ERRANDS Name of Lim	IETC OF VA	ENICK.
The enclosed Articles	of Amendment and fee(s) are sub	unitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		Name of Person -ds E+c o+ Firm/Company	Messice FL 1922
		Address	***************************************
	- Ver	City/State and Zip Code 2. (1.35 833 0) to be used for future annual report noti	85 (dm)
For further informatio	E-mail/address: (n concerning this matter, please c		Gention)
Long	Ph. 11ips e of Person	at (<u>941)</u> <u>408</u> - Area Code Daytim	C Telephone Number
Enclosed is a check for	r the following amount:		
225.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

E P-RAJOS ET C (Name of the Limited Liability Compan	of Venice
(A Florida Limited Li	(v as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>1/7000/99/76</u> .	were filed on $\frac{9/26/2017}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability"	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
France address MAT BE A FUST OFFICE BOA	週間 13
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code

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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AMOR		Verice K1. 34285	□Remove
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in effective date is li ote: If the date in	other than the date of f sted, the date must be specifi serted in this block does r to date on the Department	ic and cannot be prio not meet the appli	cable statutory fili	(o) more than 90 days a ng requirements.	fter filing.) Purs	uant to 605,02 not be listed :
ecord specifies a c	delayed effective date, but	t not an effective f	time, at 12:01 a.m.	on the earlier of:	(b) The 90th	h day after th
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