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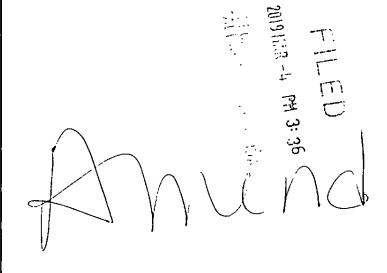
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COVER LETTER

TO:	Registration Se Division of Cor					
CHIRA	DEAR FAN					
SUBJ	ECT:		nited Liability Company			
The en	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		DAVID H. KATZ, MANA	GING MEMBER			
		 · · · · -	Name of Person			
			Firm/Company			
160 W. CAMINO REAL, STE 819						
		-	Address			
		BOCA RATON, FL 33432	2			
		DHKATZ@CASTLEROCI	City/State and Zip Code KLLC.COM			
		E-mail address: (to be used for future annual report notifi	ication)		
For fur	ther information c	oncerning this matter, please c	all:			
DAVII	D H. KATZ		201 525- 8 022			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	ne following amount:				
\$ \$2	5.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO	T^*
RTICLES OF ORGANIZATION OF	2019/160
DEAR FAMILY LLC	Miles My

	DEAR FAMI	LYLLC			1/9/2
(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now appears or liability Company)	n our records.)		1 ⁷⁹ 3.
The Articles of Organization for this Limited Liab	ility Company	were filed on 10/18/	17	and ass	signed' 🗸
Florida document number 1.17000215875	·				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	e limited liabi	ility company here:			
The new name must be distinguishable and contain the word	ls "Limited Liabil	ity Company," the desig	nation "LLC" or t	he abbreviation "L	.L.C."
Enter new principal offices address, if applicab	le:	99 SE MIZNER BL	.VD		
(Principal office address MUST BE A STREET)	ADDRESS)	STE 329			
		BOCA RATON, FL	. 33432		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered offic	-		ur records, <u>er</u>	nter the name	of the new
Name of New Registered Agent:					
New Registered Office Address:	99 SE MIZNER	BLVD., STE 329			
		Enter Florida	street address		
	BOCA RATON	· · · · · · · · · · · · · · · · · · ·	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 Memb	er	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
		-	
		 	Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Add
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	03/	01/19			
ffective date, if other than the	date of filing:			(optional)	
an effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the Do	ock does not meet th	he applicable sta	of filing or more than S tutory filing require	0 days after filing.) Pursuan ments, this date will not	t to 605.0207 (be listed as t
e record specifies a delayed The 90th day after the reco	effective date, ord is filed.	but not an e	ffective time, at	: 12:01 a.m. on the	earlier of
ated FEBRUARY 27	201	19			
(1)-12/1		··			
Harl GY la					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00