L17000226290

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COVER LETTER

TO: Registration So Division of Co		, .		
SUBJECT: RL	D Maui B	Ruch	Manaxeme	eut, UC
		ted Liability Com	pany //	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:	}	
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	R&D Mia	eur' Be	ach Nau	<u>apeine</u> ut li C
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	1340 Stil	lwater	DR.	
		Address		
	Miami B	each,	FL 33/4	//
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	Miami Be Renatana E-mail address: (t	OKOU o be used for futur	annual peport notificat	il. wu
For further information of	concerning this matter, please ca			
Pencite	Sakinai tyte	at (7	16 597-	6792
Name o	of Person	Area C	ode Daytime Te	lephone Number
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified (additional of		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:		TREET/COURIER	ADDRESS:
_	ration Section		Registration Section	
	on of Corporations ox 6327		Division of Corporatio Clifton Building	ns
	issee, FL 32314		2661 Executive Center	Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	Buch	Maua	pemut	666
(Name of the Limited Liabil (A Florid	lity Company la Limited Lial	as it now appears	on our records.)	
The Articles of Organization for this Limited Liability of Florida document number <u>L1700226</u>		ere filed on	11/1/17	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liabilit	y company here	<u>e</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability	Company," the des	ignation "LLC" or the abb	oreviation & L.C. F.C.
Enter new principal offices address, if applicable:	-	<u> </u>		HE HE
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>		<u> </u>
	-	<u> </u>		
Enter new mailing address, if applicable:	-			1. 52 0RID:
(Mailing address MAY BE A POST OFFICE BOX)	-			
B. If amending the registered agent and/or reginered agent and/or the new registered office add		e address on o	our records, <u>enter t</u>	the name of the new
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:				
		Enter Florid	a street address	
			, Florida	
		City 		Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete pe igent as pro ed office ad	rformance of m vided for in Ch	y duties, and I am fa apter 605, F.S. Or, i	miliar with and f this document is
	If Changin	g Registered Agen	t, Signature of New Reg	istered Agent

Page 1 of 3

	g Authorized Person(<u>from our records</u> :	(s) authorized to ma	nage, <u>enter</u>	the title, name, and address of each	person being added
MGR = M AMBR = A	lanager uthorized Member				
<u>Title</u>	<u>Name</u>		Address		Type of Action
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specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest day after the record is filed.		member of authorized	representative of a	member	

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