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COVER LETTER .TO: Registration Section **Division of Corporations** Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Daytime Telephone Number Enclosed is a check for the following amount: **□** \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

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Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FOYAS PLUS OF M	iam,	UC		
(Name of the Limited Liability Co (A Florida Lim	ompany aslit ne ited Liability C	ow appears on our records.) ompany)		
The Articles of Organization for this Limited Liability Comp	oany were file	ed on <u>11</u> /26	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability com	ipany here:		
		 		
The new name must be distinguishable and contain the words "Limited I	Liability Compa	any," the designation "LLC" o	or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		·····		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		- JA	7 T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			V-2 PM 6: 24	1385 V V V
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office add	ress on our records,	enter the name of	the new
Name of New Registered Agent:	:			_ _
New Registered Office Address:	NUM	Enter Florida street address	DUYC, UMH	1.505
	City	, Flori	da 3012	5_
New Registered Agent's Signature, if changing Registered Age	ent:			

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. Thereby 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 or removed f	Authorized Person(s) authorized to maron our records:	nage, enter the	title, name, and address of each person being added
MGR = Ma	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>amp</u> 2	Enck Garag	1700 Drive MICIN	NW NORTH BIVEY () Add UNH 505 (1, FL 33125 () Remove
AMPE	SKPHANE Flores	Unit =	DU NOAN DIVY ONE Add 15 11, FL 33125 □ Remove
		+	☐ Add
			☐ Change ☐ Add ☐ Remove
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			Change

	ding any other	information,	enter cha	inge(s) her	e: (Altac	ch additioi	nal sheets	s, if necess	ary.)	
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ote: H	ive date is listed, the the date inserted it's effective date	in this block do	es not mee	et the applica	to date of : ible statu	filing or mor tory filing	e than 90 d requireme	ays after fili nts, this da	ng.) Pursua te will no	nt to 605.03 t be listed
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Filing Fee: \$25.00