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TO: Registration Section **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TOUVS L SE 17th #706 1 es from Kelly (w/1947); CON E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 Certificate of Status & Certified Copy

## MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATION	イトトハー
OF 20/7 <sub>DFC</sub>	-0
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	26 PH 19  RY OF STATE SEE, FLORIDA
The Articles of Organization for this Limited Liability Company were filed on 11-30-7017	and assigned
Florida document number <u>L 17-000 2455</u> 58	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbr	eviation "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)	
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:	ne name of the new
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	<del> </del>

# 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending A or removed fr	Authorized Person(s) authorized to ma	mage, enter the title, name, and address of eac	h person being added
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Kelly Krueger	1819 SE 17th # 706 Fort Landerdale, FL 3331	Add  ☐ Remove
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ctive date, i	f other than th	e date of filing:			(option	nal) iling.) Pursuant to 605.02
effective date is e: If the date	is listed, the date m inserted in this!	ust be specific and ca block does not mee	annot be prior to da et the applicable	te of filing or more t statutory filing rea	han 90 days after f quirements, this	iling.) Pursuant to 605.029 date will not be listed a
		Department of Stat		builting to	quirements, mas	aute will not be noted t
			te, but not an	effective time	e, at 12:01 a.	m. on the earlier
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	77-	Signature of a mei	mber or authorized	I representative of a	member	

Page 3 of 3

Filing Fee: \$25.00