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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
	PBELL LLC		•
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	George A. Alvarez Esq.		
		Name of Person	• 7
	Law Office of George A. A	Alvarez	
Firm/Company			
	10281 Sunset Drive, Suite	102B	
		Address	
	Miami, Florida 33173		
		City/State and Zip Code	
	george@gaalawfirm.com  E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	<u>-</u>	·
George A. Alvarez Esq.		305 270-1000 at (	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section Corporations	Street Address: Registration S Division of Co	orporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4658 CAMPBELL LLC		
( <u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records. Limited Liability Company)	,)
The Articles of Organization for this Limited Liability Co Florida document number L17000253959	ompany were filed on 12/12/2017	and assigned
	<u>-</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
	<u> </u>	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
		2020 NOV
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		22 [
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B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter t	he name of the new regi
gent and/of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	rida
	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 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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Filing Fee: \$25.00