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COVER LETTER

TO: Regist Divisio	ration Section of Corpo			
	HE PAPAG	ALO COMPANY, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	rticles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all	l correspond	lence concerning this matter	to the following:	
		BRIAN M LIEBERMAN		
			Name of Person	
		THE PAPAGALO COMP	ANY, LLC	
			Firm/Company	<u>.</u>
		104 ALCAZAR ST.		
			Address	
		ST. AUGUSTINE, FL 320	980	
		<u> </u>	City/State and Zip Code	
		BMLIEBER@PAPAGALC		
		E-mail address: (to be used for future annual report notifi	cation)
For further info	rmation con	cerning this matter, please ca	all:	
BRIAN M LIE	BERMAN		904 417-8231 at ()	
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a ch	neck for the	following amount:		
□ \$25.00 Filin	ng 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE PAPAGALO COMPANY, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000257027	were filed on DECEMBER 18, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	104 ALCAZAR ST.	
(Principal office address MUST BE A STREET ADDRESS)	ST. AUGUSTINE, FL 32080	12 12 13 13 13 13 13 13 13 13 13 13 13 13 13
		MOIS 7801S
		2
Enter new mailing address, if applicable:	104 ALCAZAR ST.	2 0 RY r
(Mailing address MAY BE A POST OFFICE BOX)	ST. AUGUSTINE, FL 32080	
		9: 127
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B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the new
Nove Chan Declared Acces		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	, Florida	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 Member

Title	<u>Name</u>	Address	Type of Action
MGR	SUSAN E LIEBERMAN	104 ALCAZAR ST.	■ Add
		ST. AUGUSTINE, FL 32080	☐ Remove
			Change
AMBR	BRIAN M LIEBERMAN	104 ALCAZAR ST.	D Add
		ST. AUGUSTINE, FL 32080	☐ Remove
			■ Change
			Add
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