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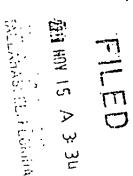
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COVER LETTER

TO: Registration : Division of C			
	nzilla Lane, LLC		
SUBJECT:	Name of Lim	ited Liability Company	100 - 21 - 40
The enclosed Articles of	of Amendment and fec(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Anthony V Free		
		Name of Person	
		Firm/Company	5 1
	12142 Honeysuckle Rd		图 型 万
		Address	
	Fort Myers, FL 33966		
	anthonyfree@outlook.com	City/State and Zip Code	<u> </u>
	E-mail address: (to be used for future annual report notific	cation)
For further information	n concerning this matter, please c	all:	
Anthony V Free		239 478-8830 at()	
Name	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing 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)
	ILING ADDRESS: stration Section	STREET/COURIE Registration Section	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2607 Manzilla Lane, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our rec Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 12/27/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		······································
(Principal office address MUST BE A STREET ADDRESS)	 	Side servery
		5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		ين آيا
		72
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
	· · · · · · · · · · · · · · · · · · ·	, Florida
	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Rosemary Rhew	32 Oak Hollow Ct. Valpraiso, IN 46383	
			Remove
			Change
			Add
			□ Remove
		-	Change
			重 Add
			Remove
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Effective date, if other than the date of filing:	(optional)
Note: If the date inserted in this block does not meet the applicable statutory filing	requirements, this date will not be listed as
document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not an effective til	me, at 12:01 a.m. on the earlier o
The 90th day after the record is filed.	
Dated 10/3/ 2018	
ALM	
1 1 an Th Aga, 1 01/ 6 / 11/	
Signiture of a member or authorized representative of	of a member

Page 3 of 3

Filing Fee: \$25.00