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COVER LETTER

Division of Cor						
3453 Acap SUBJECT:	ulco Circle, LLC					
SUBJECT:		ited Liability Company		 		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Anthony V Free					
	 -	Name of Person				
	• • • • • • • • • • • • • • • • • • • •			; ————————————————————————————————————		-17
	12142 Honeysuckle Rd	Firm/Company			型 NO 15	LED
		Address			·>>	- 1 1 1 1
	Fort Myers, FL 33966			, ,	D 32 34	
	anthonyfree@outlook.com	City/State and Zip Code			ũ	
		to be used for future annual	report notification	n)		
For further information of	oncerning this matter, please co	aff:				
Anthony V Free		239 47 at ()	78-8830			
Name o	rf Person	Area Code	Daytime Telep	ohone Number	•	
Enclosed is a check for t	he following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$60.00 Filing Fee Certificate of \$t Certified Copy (additional copy is c	atus &	
	ING ADDRESS:		T/COURIER A	DDRESS:		

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

3453 Acapulco Circle, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/27/2017 Florida document number <u>L17000262913</u> 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 abbreviation "LLC." 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City 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

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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
MGR	Rosemary Rhew	32 Oak Hollow Ct. Valpraiso, IN 46383	■ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove ☐ Change
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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Dated	10/31 An		. 2	018					
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Typed or printed name of signee

Filing Fee: \$25.00