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# **COVER LETTER**

то:	Registration Section Division of Corporatio	ns	•		
SUBJI	ECT:	Name of Lim	PCAY LLC ited Liability Company		
The en	iclosed Articles of Amendr	nent and fee(s) are sub	mitted for filing.		
Please	return all correspondence	concerning this matter	to the following:		
		Con	SUCTO M. Vara	ggs	
		CM	VMM2 Ventu	res, LC	
		P. 0	BOX 26756A		
		WE	City/State and Zip Code	0	
		E-mail address: (i	o be used for future annual report politic	YUL. COM	<b>\</b> 3
For fur	ther information concernin	g this matter, please ca	ill:		<u> </u>
CO	MS Well M.  Name of Person	Largas	at (QGA) 35.7.7 Area Code Daytime	Telephone Number FLORIC FLORIC	
	ed is a check for the follow  5.00 Filing Fee	-	These warry in a	37 N	
7-3		0.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy (s 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

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on Taouary 5, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia  The new name must be distinguishable and contain the words *Limited Liab	WAS, 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)	P.O. BOX 2675164 Waston, FL 33326
registered agent and/or the new registered office address he	office address on our records, enter the name of the new re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address  Florida  City  The Codes
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent and ag- provisions of all statutes relative to the proper and complete	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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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an effective date <del>(ote:</del> If the date	if other than the is listed, the date me inserted in this betive date on the I	ist be specifi block does r	c and cannot be 101 meet the a	prior to date of fi pplicable statut	2018 iling or more that ory filing requi	(option 90 days after ti rements, this c	ling.) Pursua	nt to 605,02 t be listed	207 ( as 1
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ated	July	26	of a member or	18 JULL authorized repre	Sentative of a me	My A			
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