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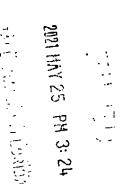
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## **COVER LETTER**

TO:

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SUBJE	CT:	3111(-)	Name of Limi	Real + 4		<del></del>
The enc	losed Articles of	Amendment and for	ec(s) are subt	mitted for filing.		
olease r	eturu all correspo	ndence concerning	g this matter t	to the following:		
			Joige	Bo-ten	)	
				Name of Person		
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For furt	her information c	oncerning this mat	ter, please ca	ill:		
Jo	inge P	ntero		at ( <u>4</u> 17) Area Code	4530	037
_	Name of	f Person		Area Code	Daytime Tel	ephone Number
Enclose	d is a check for th	ic following amou	nt:			
<b>\$</b> 25	.00 Filing Fee	□ \$30,00 Filin Certificate		□ \$55,00 Filing For Certified Copy (additional copy is		□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address				t Address:	
	Registration S Division of C			-	stration Section sion of Corpora	
	P.O. Box 632	•			Centre of Talla	
	Tallahassee, I	FL 32314		2415	N. Monroe St	reet, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liability Company)	y as it now appear ability Company)	v on our records.)	<del></del>		
The Articles of Organization for this Limited Liability Company we Florida document number L \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	vere filed on	02/23/2018	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	ty company he	<u>ere</u> :			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the d	esignation "LLC" or the abb	revision "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>		
	P				
		<u> </u>	ယ္		
Enter new mailing address, if applicable:			24		
(Mailing address MAY BE A POST OFFICE BOX)		<del> </del>			
			·		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our r	ecords, <u>enter the name</u>	of the new registered		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
, Florid			·		
	Ciţy		Zip Code		
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of ovided for in (	my duties, and I am fa Chapter 605, F.S. Or, i	miliar with and f this document is		

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>	Address	Type of Action
AMB12	Jorge Boters	3040 Salisbury were	
	J	Ovicdo FL 32765	
			XIChange
AMBR	(aroling Tow-Unte	~ 3040 Salisbury Co	<u>√e</u> □ <sub>Add</sub>
		Ovicdo FL 32765	□Remove
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ive date, if other than fective date is listed, the dat If the date inserted in the nent's effective date on t	e must be specific and his block does not n	l cannot be princet the app	or to date of filing dicable statutory f	or more than 90 days after	filing.) Purs	
d specifies a delayed eff led.	fective date, but not	an effective	time, at 12:01 a.	m, on the earlier of: (b	) The 90th	h day afte
5   18		2021	<u> </u>			
	1		// /			
	Signature of a	nember or au	thorized representa	tive of a member		_