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COVER LETTER

O: Registration Se Division of Cor			
GUBJECT:	Charge Face Name of Limi	bre Jr. LL ited Liability Company	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter t	to the following:	
	<u>Georg</u>	R False To Name of Person	<u> </u>
	Dr. Gior	Se Fabre S	Trulle
	7860 K	OMMercia (Address	blod.
	lauden	hill, FL 3	3351
	Fabruz E-mail address: (t	ik 82 (2) Co. M.	W. Confication)
or further information c	oncerning this matter, please ca	dl:	
George	Fabre Jr	at (95) 139 Area Code Daytime	5-8300 c Telephone Number
Enclosed is a check for th	ne following amount:		
Z \$25.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dr. Gara	Fabre 12020 SEP/8 870 3:48
(Name of the Limited Li	lability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	ity Company were filed on $\frac{4/30/19}{}$ and assigned
This amendment is submitted to amend the following	og:
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 "L.L.C."
Enter new principal offices address, if applicable	
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	7)
	tered office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

MBR = Authorized Member

Type of Action itle MGR Fabre, Nathaniele 6/01 Loquat DAD MGR Fabre, George 7860 W. Commercial XAdd Lauderhill, Fl 3335/ Change ____ □Add ___ Change □Add _____ □Change _____ □Add _____ □Remove

	2020 \$23 PH 3: 48
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or magnetic. If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) nore than 90 days after filing.) Pursuant to 605.0207 (ag requirements, this date will not be listed as t
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. rd is filed.	on the earlier of: (b) The 90th day after the
Dated 9/31/2020	
Signature of Chember or authorized representative	of a mumber