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SLORE JARY OF STATE DIVISION OF CORPORATION

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 3607 TOSebrook LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Matt Sile CI Name of Person
Firm/Company
7924 Bell Drive
Port Richey FL 34668 City State and Zip Code MSign D Sign Lenter Prises Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Math Sireci at (813) Sos - 8886 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

3607 Rosela	OUC. LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on ited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L_180009685</u>	pany were filed on <u>4</u>	117/18	and assig	gned
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 l	Liability Company," the design	nation "LLC" or the abl	previation "L.L	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES.	<u> </u>		<u>ಹ</u>	<u>₹</u> 6
			SEP	<u> 25</u>
			8	
Enter new mailing address, if applicable:		- , -		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
				<u> </u>
			w	3 .
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ir records, <u>enter</u>	the name o	f the new
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

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>	Name	<u>Address</u>	Type of Action
MGR	Multhen Sireci	7924 Bell Drive	Add
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ective date, if other than t	he date of filing	: <u>9/12/</u>	18	(option	nal)	05.03
te: If the date inserted in this	block does not n	neet the applicat	date of filing or mo			
cument's effective date on the	Department of S	State's records.				
record specifies a delay	ed effective c	late but not	an effective ti	me at 12:01 a	m on the ear	lier
he 90th day after the r		iate, but not	an enecuve a	ne, at 12.01 a.	iii. Oii tiic coi	IIC)
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	Signature of a r	member or authori	zed representative o	f a member		

Page 3 of 3

Filing Fee: \$25.00