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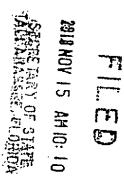
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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Legi	cl-Ease Aver	turalle		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Name of Person		
		Firm/Company		
	2510 U	E 207th terrace	٤	
	<u> </u>	City/State and Zip Code	Loom	
	E-mail address: (Murai Ogmai to be used for future annual report not	(fication)	
Fanni	Concerning this matter, please or Huvai	all: at (305) <u>GOL</u> Area Code Daytin	PIGG PINOV 15 PINOV 15	7
Enclosed is a check for t	he following amount:		AHII FLO	F;
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	كلك

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

Legal-Go	use Ab	entura 11		
(Name of the Limited L. (A F	.iability Company Florida Limited Lial	as it now appears on o odity Company)	ur records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L1800010HQ</u>		ere filed on <u>OH</u>	25/2018	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the		y company here:		
The new name must be distinguishable and contain the words	ST imited Liability	Company" the deciano	Gon "L L (" or the ab	deministrated 1.72 "
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e: _	2510 NE Miami F		rrace
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	- <u>X)</u>	2510 UC Miami T	= 207th } FL 33/1	TO ST
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	•	ee address on our	records, <u>enter</u>	the same of thomas
	2510 00	E 207th +	CX CQ CQ	
<u>-</u>	Nicemi	City		33180 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>Address</u> Type of Action Title Name _□ Add Remove ☐ Change _□ Add Change dd Remove C _□ Add ☐ Remove □ Change ☐ Add _□ Remove _ Change _□ Add ☐ Remove ☐ Change

Tective date, if other than the date of filing: (optional) (optional) (optional) (in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to file: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be reument's effective date on the Department of State's records. Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the extra policy of the specifies and the record is filed. Signature of a member or authorized representative of a member	
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,	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00