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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





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### **COVER LETTER**

TO:	Registration Sec Division of Cor			
SUBJI	ECT:	Name of Lim	ited Liability Company	1-3 LC
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		<u> </u>	Name of Person	~
		<del></del>	Firm/Company	
		<u> 3615 SCO</u>	SC AVENUE APT	B 202
		Penbroke 1	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	3
For fur	ther information co	oncerning this matter, please co		icutivity
<u> </u>	ingberly Name of	Person	at (454_) 834 - Area Code Daytime	: 5548 : Telephone Number
Enclose	ed is a check for th	e following amount:		
<b>Ø</b> \$25	5.00 Filing Fee	☐ \$30.00 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/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 Company as it now appears on our records.)  (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on This is and assigned Florida document number LISCOCIES 436.
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 Liability Company." the designation "LLCTor the abbreviation "LLCTor"
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)
B. If amending the registered agent and/or registered office address on our records, enter the name of the no registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address  Florida  City  Florida
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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00