

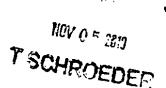
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: PE	OPO L RODE Name of Lin	216027 ASSOC nited Liability Company	IATES LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		PEDRO	
		Name of Person	
		Firm/Company	
	1590 Wo	ODS BEND RI	<u> </u>
	West Po	City/State and Zip Code	-,33406
	PLRM C E-mail address: (DIM 80 2 14 DTMAIL to be used for future annual report notif	COM leation)
For further information c	oncerning this matter, please c	all:	
Pei	O9C	at (<u>S61</u>) <u>S7Y</u> Area Code Daytime	7199
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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:

TO^a.

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

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	, -,-
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1800012623</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
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)		
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		r the name of the
Name of New Registered Agent:		7 19
New Registered Office Address:	Enter Florida street address	0
	rmer r 109 taa street aaaress	
 -	Florida	- Zip Code
lew 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>	<u>Name</u>	Address	Type of Action
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			Remove
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ective date, if other than the d	ate of filing:	(optional)
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Filing Fee: \$25.00