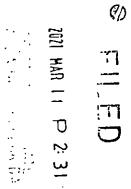
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## COVER LETTER

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; SUBJEC		JITT MANO	OR ESTATES, LLC					
SOBILE	٠		Name of Lir	mited Liability Compan	ny			
The enclo	sed .	Articles of A	mendment and fee(s) are su	bmitted for filing.				
Please ret	turn a	ll correspon	dence concerning this matte	r to the following:				
			Alexander B. Rotbart, Es	<b>ų</b> .				
	Name of Person							
			The Rotbart Law Group,	PA				
	Fírm/Company							
			101-103 E Palmetto Park	Rd.				
				Address				
			Boca Raton, FL 33432					
			·	City/State and Zip	Code			
			bshaw1798@gmail.com			-		
For furthe	er inf	ormation cor	h-mail address: neerning this matter, please (	(to be used for future a call:	nnual report noti	fication)		
		Rotbart, Esq		561	922-3217		20.	R
		Name of I	Person	Area Code	Daytim	e Telephone Number	2021 MAR	77
Enclosed	is a c	heck for the	following amount:			-	_ TI	, TT
<b>■</b> \$25.0	o Fil	ing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Copy radditional copy	ру	Certified (	ing Fee of Status &	D
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LITT MANOR ESTATES, LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 5/29/2018	and assigned		
Florida document number L18000132575				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
n/a				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	MC 171 . 22022			
Principal office address MUST BE A STREET ADDRESS)				
	<del></del>			
Enter new mailing address, if applicable:	6745 Arbor Drive			
Mailing address MAY BE A POST OFFICE BOX)	Miramar, FL 33023			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the n			
Name of New Registered Agent: n/a		MAR 1		
New Registered Office Address:				
	Enter Florida street address Florida	D 2:3		

## 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.

Ciry

Zip Code

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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effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable sta		
nument's effective date on the Department of State's records.	•	
cord specifies a delayed effective date, but not an effective time, at 1	12:01 a.m. on the earlier of: (b) The 90th	day after the
s filed.		
	~	
Burgue Sten		
Burnelsten	)	

Typed or printed name of signee