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SECRETARY OF STATEMENT OF STORE OF CORPORATIONS
18 JUN 11 PM 3: 55

COVER LETTER

	Registration Sec Division of Corp			
	Three-Gener			
SUBJEC	Γ:	Name of Limit	ed Liability Company	
The enclo	sed Articles of A	mendment and fee(s) are subn	uitted for filing.	
Please ret	urn all correspon	dence concerning this matter t	o the following:	
		Perla F. Abrams, Esq.		
			Name of Person	Person Inpany SS Zip Code ure annual report notification) 598-1880 Code Daytime Telephone Number illing Fee &
		Abrams & Abrams, PA		
			Firm/Company	
		9300 SW 87th AVenue Sui	te 5	
			Address	
		Miami, FL 33176		
			City/State and Zip Code	
		pabrams@abramspa.com	1. C. Carres manufactured and	(Fortion)
		E-mail address: (t	o be used for inture annual report not	meanony
For furth	er information co	neerning this matter, please ca	ll:	
Perla Ab	rams		305 598-1880	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	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

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

Three-Generations, LLC			
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	
ne Articles of Organization for this Limited I		5/29/18	_ and assigned
nis amendment is submitted to amend the fol			
If amending name, enter the new name		<u>here</u> :	
e new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if appli	icable:		
rincipal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			<u> အ ခု</u>
Mailing address MAY BE A POST OFFICE	<u> </u>		
		on our records, enter th	e name of the
. If amending the registered agent and egistered agent and/or the new registered	office address here:	on our records, <u>enter th</u>	
. If amending the registered agent and egistered agent and/or the new registered agent. Name of New Registered Agent.	office address here:		
gistered agent and/or the new registered	office address here: 927 Alava Avenue		
Name of New Registered Agent:	office address here: 927 Alava Avenue	Florida street address, Florida [3314]	

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>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
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Cara Attactiva data ic lictor	er than the date of filing:	(optional) or more than 90 days after filing.) Pursuant to 60	05.020
Note: If the date inser	ed in this block does not meet the applicable statutory finte on the Department of State's records.	iling requirements, this date will not be lis	sted a
	•		
e record specifies The 90th day aft	a delayed effective date, but not an effectiver the record is filed.	e time, at 12:01 a.m. on the earl	lier d
June 5	2018		
Dated			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00