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## **COVER LETTER**

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TO: Registration Section Division of Corporations			
SUBJECT: The Sho	Name of Limited Liability Company	iter lake He	aven L
The enclosed Articles of Amendment and	I fee(s) are submitted for filing.		
Please return all correspondence concern	ing this matter to the following:		
<u>R</u>	afael Cader Name of Person	na and Sandra	Caden
	Firm/Company		
100	59 NE 1735+	,	
	Address		
Nort	h Miami Brack	1,FL 33162	22
rafa	City/State and Zip Code  Cle Paramoun  -mail address: To be used for future annual re	t-pm.com	JAN 28 PH 1:
For further information concerning this m		port inditication)	1:20
Bafael Cade	-	761-8191	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the following amo	ount:		
\$25.00 Filing Fee S30.00 Fil Certifica	ing Fee &	Certificate of Status	
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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

The Articles of Organization for this Limited Liability Company were filed on May 30, 2018 and assigned Florida document number \_L18000133910 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 "LEC" or the abbreviation "LEC." 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 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 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

If Changing Registered Agent, Signature of New Registered Agent

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 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 Address Type of Action <u>Title</u> Name. \_⊟ Add \_□ Remove □ Change □Add Remove □ Change □ Add □ Remove \_□ Change □ A**d**d \_□ Remove ☐ Change □ Add \_□ Remove □ Change

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Filing Fee: \$25.00

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