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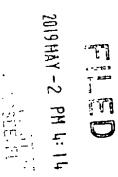
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COVER LETTER

TO: Registration Section Division of Corporation	S		* .		
SUBJECT:	b's An	imal Reloca	ation		
	Number of Em	псс главниу сопрану			
The enclosed Articles of Amendm	ent and fee(s) are sub	omitted for filing.			
Please return all correspondence c	oncerning this matter	to the following:			
		Chelsea Pas	Hernak		
		Name of Person			
		LSL Hous	s:e		
		Firm/Company			
	1	901 4th Address	Street N,	Sulte	300
	<u> </u>	City/State and Zip Code	1, FC 33 70	2	
		City/State and Zip Code		,	
	E-mail address:	die Selroba	pellsouth, no report notification)	<u>e</u> t	
For further information concerning	this matter, please c	all:			
Chelsea	Pasternak	at (<u>५०७</u>) Area Code	733-4482	 	
Name of Person		Area Code	Daytime Telephone Num	iber	
Enclosed is a check for the followi	ng amount:				
	.00 Filing Fee & ertificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certif losed) Certiff	Filing Fee icate of Sta ied Copy mal copy is er	itus &
MAILING ADI Registration Section of Corp	tion	Registrati	C/COURIER ADDRESS ion Section of Corporations	:	

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Robis A	trimal	Relocat	ion LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li				
The Articles of Organization for this Limited Liability Company v Florida document number L 18000 3 4 3 73.	were filed on _	5/30	$\frac{9/18}{}$ and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company l	here:		
LSL Housi				
The new name must be distinguishable and contain the words "Limited Liabilit			or the abbreviation "L.	IC."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			2019	
			9	, <u>1</u> 21,
			< 	C-1223
Enter new mailing address, if applicable:	<u>-</u>	·	2	
(Mailing address MAY BE A POST OFFICE BOX)				
			<u> </u>	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		on our records,	enter the name	of the 1
New Negistered Office Address.	Enter Fl	orida street address		
		, Flor	ida	
	City	 -	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pr	erformance o	of my duties, and	l am familiar with	i and

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MR	John Pasternak	7901 4th Street N	
		Suite 300	Remove
		St. Petersburg, FL 33	702 Change
			
			□ Remove
			□ Change
			Add
			Remove
			Change
			□ Add
			🖸 Remove
			Change
			□ Remove
			Change
			□ Remove
			☐ Change

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(If an effect Note: If	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	April 29th . 2019 Character of a member of authorized representative of a member
	Signature of a member of authorized representative of a member Chelseg Pasternak Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00