L180001455C1

| (Requestor's Name) | |
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| (Address) | 400356 |
| (Address) | 400000 |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | 12/29/20 |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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| TO: Registration Se Division of Cor | | | |
|--|---|---|--|
| | | | |
| 300/ICT | IBJECT: Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. Passe return all correspondence concerning this matter to the following: BARBARA GARCIA Name of Person BG LAW, P.A. Firm/Company 999 PONCE DE LEON BLVD, STE 1105 Address CORAL GABLES, FL 33134 City/State and Zip Code BARBIE@GARCIALAWPA.COM | | |
| | | - | |
| | BARBARA GARCIA | | |
| | · · · · · · · · · · · · · · · · · · · | Name of Person | |
| | BG LAW, P.A. | | |
| | | Firm/Company | |
| | 999 PONCE DE LEON BI | LVD, STE 1105 | |
| | · | Address | |
| | CORAL GABLES, FL 33 | 134 | |
| | D. D. D. D. G. D. G. L. | • | |
| | - | A.COM to be used for future annual report notif | lication) |
| For further information co | oncerning this matter, please ca | all: | |
| Barbara Ga Name o | FPerson | at (389) 431 - Area Code Daytime | 5+3-6 e 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: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 19433 KEALIY, LLC | | |
|--|--|---|
| (<u>Name of the Limited Lia</u> (λ Flo | ability Company as it now appears on o orida Limited Liability Company) | ur records.) |
| The Articles of Organization for this Limited Liabilit Florida document number <u>L18000145501</u> | ty Company were filed on 6/12/201 | 8 and assigned |
| This amendment is submitted to amend the following | g: | |
| 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 designat | tion "LLC" or the abbreviation "E.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AL | DDRESS) | |
| Enter new mailing address, if applicable: | | 2020 DEC |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | 29 11 |
| B. If amending the registered agent and/or regist agent and/or the new registered office address her | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida str | eet address |
| | | , Florida |
| | City | Zip Code |

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 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 |
|--------------|---------------------|---|------------------------|
| MGR | JESSICA NADER-PEREZ | 5321 Vest Saxon Circle | \(\exists \) Add |
| | | 5321 Vest Saxon Circle Southwest Runches, FL 33331 | □Remove |
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| n effective date is <u>te:</u> If the date i | other than the d listed, the date must be inserted in this blocative date on the Dep | e specific and eak does not med | mnot be prior t et the applica | | | | filing.) Pur | | |
| ecord specifies a | a delayed effective | date, but not ar | ı effective tin | ne, at 12:01 | a.m. on the | earlier of: (b |) The 90 | th day a | fter the |
| led <u>Dece</u> | embes à | 21 | 20ac | <u>)</u> | n | | | | |

Filing Fee: \$25.00