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COVER LETTER

TO:

Registration Section

Division of Corporations				
	7282 Comm	nonwealth Avenue, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	-	
7 10030 1010111	an concept		to the tome many.	
		Nicholas V. Pulignano, Jr.		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Marks Gray, P.A.		
			Firm/Company	
	1200 Riverplace Blvd., Suite 800			
Address				
		Jacksonville, FL 32207	•	
			City/State and Zip Code	·
		nvp@marksgray.com E-mail address: (1	to be used for future annual report no	tification)
For further in	formation c	oncerning this matter, please ca	-	
Nicholas V.	Pulignano, J	г.	904 807-2105	
Name of Person		at () Area Code Dayti	me Telephone Number	
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.C	iling Addres gistration S vision of C D. Box 632 lahassee, l	Section Torporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Mon	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7282 Commonwealth Avenue, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on June 28, 2018	and assigned	
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abi	breviation "L.L.C."	
Enter new principal offices address, if applicable:	7282 Commonwealth Avenue Jacksonville, Florida 32220		
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	Inchannella Florida 22220		
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new regist	
Name of New Registered Agent:		F	
New Registered Office Address:	Enter Florida street address		
	, Florida	••	
	City	Zîp Code	
Now Desistant Amentle Claustone if shamping Desistant Ament		•	

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Remove
			□Change
			□ Add
			□ Remove
		 	Change
			□ Add
			Remove
			□Change
			□Add
			□Remove

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ective date, if other than the date must be detective date is listed, the date must be detective date in this bloc cument's effective date on the Dep	k does not meet the application	able statutory filing requ	(optional) an 90 days after filing.) Pursua uirements, this date will no	nt to 605.0207 t be listed as
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October 12	2021	<u> </u>		
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	ignature of a momber or author	orized representative of a r	nember	
<i>((((((((((</i>				
Jason Hinley, Manager				
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