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Office Use Only



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S. PRATHER

COVER LETTER

TO:	Registration Sec Division of Corp			
	LB32 1	J.C		
SUBJI	ECT:	Name of Limi	ted Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Wayne Marov		
			Name of Person	·····
			Firm/Company	
		6671 W Indiantown Rd Su	ite 50-179	
			Address	
		Jupiter, FL 33458		
		wmarov@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifica-	ntion)
For fu	rther information c	oncerning this matter, please co	all:	
Wayne	e Marov		561 371-1995	
	Name o	f Person	at () Area Code Daytime T	elephone Number
Enclos	sed is a check for the	he following amount:		
□ \$ 2	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)
	Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporati Clifton Building	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LB32 LLC

(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	1 7 6
The Articles of Organization for this Limited Liability Com Plorida document number	npany were filed on July 19, 2018	and assigned
This amendment is submitted to amend the following:		· 로 C
A. If amending name, enter the new name of the limited	2 20	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the
		enter the name of the
registered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:	s here: Enter Florida street address	ida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Wayne Marov Trustee of the Wayne MAROV REV LV Trust	6671 W Indiantown Rd suite 50-179	= Add
		Jupiter, FL 33458	□ Remove
			Change
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ective date, if other than to effective date is listed, the date in te: If the date inserted in this	nust be specific and c	annot be prior to date et the applicable st	of filing or more than 90 atutory filing requirer	0 days after filing.) ments, this date v	Pursuant to vill not be	605,020 listed a
	Department of Sta	ite's records.	. 3 .			
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record specifies a delay he 90th day after the r	ecord is filed.	2018		ț ber	and	18 JUL
record specifies a delay he 90th day after the r	Signature of a mice	2018 dember or authorized re	epresentative of a mem	j ber		— -
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