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Certified Copies	Certificates	of Status
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10-31-19		

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## **COVER LETTER**

Division of Cor			
SUBJECT:		nterrance Ll	<u></u>
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Rita	CZQYQ_ Name of Person	P. V.
	Gus' M	MainTenance Firm/Company	LLC
	(dOB	Sunset Dui	<u> </u>
	Mella	City/State and Zip Code	32904
	E-mail address: (i	C ZOI 8 GV to be used for future annual report novil	vail.com
For further information co	oncerning this matter, please co		
Rita	Czaya Person	at (321) 288 (	Telephone Number
Enclosed is a check for th	e 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)
	NG ADDRESS: ation Section	STREET/COURI Registration Sectio	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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ARTICLES	OF ORGANIZATION	la de la companya de
•	OF	The top of the second
(Name of the Limited Liability (A Florida I	Company as it now appears on our	r records.)
The Articles of Organization for this Limited Liability Co	•	2018 and assigned
Florida document number <u>L18000201826</u>	Ş	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designati-	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ECC)	
(Francipal Office address 51031 BE A 31 KLET ADDRI	<u></u>	
	<del></del> -	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Same Same Same Same Same Same Same Same		
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our r ess here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
		Florida
	City	Zip Code

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 heing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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, 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	Dale Anderson	60 B Sunset Dr	X∕\dd
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ll'an effect <u>Note:</u> If	date, if other than the date of filing: OR-12-19 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the context of the date on the Department of State's records.
	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	09-09 2019
Dated	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00