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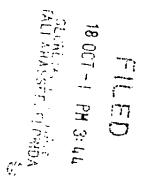
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Patricia arcadi Enterprises LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Patricia a. arcadi Name of Person
Firm/Company
297 NE 544 St Address
Old Town, FL 32680 City/State and Zip Code
UPAENT a Gmail, Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patricia Q. Qrcali at (352) 542-0364  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certificate of Status Certified Copy (additional copy is enclosed)  S25.00 Filing Fee SCERTIFICATE Copy (Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

• • •

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Patricia Orcad (Name of the Limited Liability (A Florida Li	Company as it now appears on our mited Liability Company)	se's LLC
The Articles of Organization for this Limited Liability Com Florida document number <u>L\8000 22114</u>		17,2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited  A. If amending name, enter the new name of the limited  The new name must be distinguishable and contain the words "Limited"	NTERPRISE	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>ss)</u>	A (1
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		ANASSE - PO
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
<del></del>	City	Florida
	× 11,1	in cont

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 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 = Ma $AMBR = Au$	inager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			Change
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Page 3 of 3

Filing Fee: \$25.00