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COVER LETTER

TO: Registration S Division of Co			
CHDIECT.	IDOL LAN	E LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	C.jeve	land Wallace Name of Person	
		Firm/Company	 _
	P.O. Bo	891329 Address	
	Tampa, F	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notific	ation)
For further information	concerning this matter, please ca	ill:	
Cleveland	Wallace of Person	at (813) 947 - Area Code Daytime T	3050 Telephone Number
Enclosed is a check for	the 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)
	LING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

IDOL	LANE LLC			
(Name of the Limited	Liability Company as it now appears on Florida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Lial Florida document number <u>L180002323</u>		r 1 2018 and ass		
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company here:			
IDL LANES LLC				
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.		
Enter new principal offices address, if applical	ile:			
(Principal office address MUST BE A STREET	ADDRESS)			
		SE ZUIS		
Enter new mailing address, if applicable:		Y SEP 2		
(Mailing address MAY BE A POST OFFICE B		υ, ύ ,		
(Maning dualess MAT BE AT OST OTTTEE B	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi		r records, enter the name		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
		Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Re	eistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this ci	and complete performance of my ered agent as provided for in Chap gistered office address, I hereby co	duties, and I am familiar wit oter 605, F.S. Or, if this docu		
	If Changing Registered Agent.	Signature of New Registered Ager		

<u>Title</u>	<u>Name</u>	Address	Type o
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effective d e: If the o	ate is listed, the d date inserted in	an the date of late must be speci this block does the Departmen	ific and cannot s not meet the	e applicable s				
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nd <u>S</u> e	ptembe	Signatur	re of a member	or authorized	representative eveland ne of signee			

Page 3 of 3

Filing Fee: \$25.00