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(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Sec Division of Corp		•	•
SUBJECT:	AKE MAHAE Name of Limi	REMENT LLC ted Liability Company	<u>. </u>
The enclosed Articles of a	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	- Mark	J. La Butc, ES Name of Person	9
	Mark	Firm/Company	<u> </u>
	2744 8	E. Commercial Address	Blvd.
	Ft. La	derdele, Fl City/State and Zip Code	a. 33308
		J LaBate G to be used for future annual report notif	
For further information c	oncerning this matter, please ca	all:	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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)

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

(Name of the Limited Liability Comp (A Florida Limited	JAGE MENT I pany as it now appears on out re i Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 1800024416</u>		er 19, 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia FOR U.S. INVESTOR The new name must be distinguishable and contain the words "Limited Lial		"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	No Ch	ange
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Noc	hange
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		cords, enter the name of the new
Name of New Registered Agent:	No Chang-	
New Registered Office Address:	Enter Florida street d	
		_, Florida
	City	Zip Code

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 = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Remove
		0 -/	☐ Change
		-	Add
		<u> </u>	☐ Remove
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			☐ Add
			☐ Remove
			☐ Change

	. \ \ \ \
(If an e: <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	September 5. 2019.
	(In which we have the second of the second o
	Signature of a member or authorized representative of a member
	Marries B. La Bate

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Filing Fee: \$25.00