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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Name of Lim	OULEAU REAL ited Liability Company	ESTATE LLC
The enclosed Articles of A	mendment and fec(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	PRIS	SCILA ROUL Name of Person	EAU
		Firm/Company	·
	12150 Oc	arriage Ln	- -
	Wellin	gton Fr 33	414
ı	DVISCILGI SEL	City/State and Zip Code 1 in X In black to be year for future annual report notif	Cymail. com
For further information con	cerning this matter, please ca		
PRISCU Name of P		at (55/) 30°	9-247 .
Name of P	CISOH	Atea Code Dayame	: receptione number
Enclosed is a check for the	following amount:		
\$25,00 Filing Fcc	□ \$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 Taliahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT

T	\mathbf{O}
ARTICLES OF C	ORGANIZATION 10 10 10 10 10 10 10 10 10 10 10 10 10
O	of 10 NOV -9 p.
	DRGANIZATION 18 HOV-9 PH 9: 20 E PU REALESTATE LIVE any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on Ochober 29, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	FAU LLC
Enter new principal offices address, if applicable:	12150 Carriage Ln Wellington fl 33414
(Principal office address MUST BE A STREET ADDRESS)	- Wellington TL 33419
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12150 Carriage Ln Wellington Fr 33414.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the new</u> e:
Name of New Registered Agent:	N/A·
New Registered Office Address:	Enter Florida street address

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 = M AMBR = A	anager uthorized Member	FILED 18 HOY -9 PH 9: 2	
<u>Title</u>	<u>Name</u>	18 HOV -9 PH 9: 2	Type of Action
		Address Strain Floring	∑A□ Add
			□ Remove
			Change
			
			□ Remove
			Change
			
			🗅 Remove
		. ,	Change
			□ Remove
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			П Кетюче
			Change
		Add	
		Remove	
			□ Change

. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
7	Amending only name from
	PRISCILA ROUTEAU REAL ESTATE LLC
	<u></u>
	PRISCILA ROULEAU LLC.
	
-	
	7
	20
(It an effective Note: If the	late, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the day after the record is filed.
Dated	Vovember 7 2018
-	Signature of a member or nuthorized representative of a member
_	PRISCILA ROUVEAU - Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00