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COVER LETTER

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IO: Registration Se Division of Cor			
Quiet Town	ı, LLC		
SUBJECT:			·
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	Lainie Simon, Esq.		
		Name of Person	
	Gross Hoffman PLLC		
		Firm/Company	**************************************
	490 E. Palmetto Park Road	d, Suite 101	
		Address	
•	Boca Raton, FL 33432		
	lainie@gh-legal.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report	notification)
or further information c	oncerning this matter, please c	all;	
Lainie J Simon		561 445-136	51
		at ()	
Name o	f Person	Area Code Da	sytime Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)

Mailing Address;

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Quiet Town, LLC			
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on onited Liability Company)	our records,)	
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
Revival Quiet Town LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Tice address on our record	s, <u>enter the name</u>	of the new registers
		₩.6 2	21
Name of New Registered Agent:	·		>>
New Registered Office Address:			F _
	Enter Florida str	I. j	<u> </u>
	City	, Florida <u>,</u>	ZID. Code
New Registered Agent's Signature, if changing Registered Agent	<u>zent:</u>		59
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my d t as provided for in Chapt	uties, and I am fan er 605. F.S. Or-if	e to comply with the niliar with and this document is
<u>ii</u>	Changing Registered Agent, Si	gnature of New Regis	ered Agent

If amending Authorized Person(s) authorized to manage, enter the fitle, name, and address of each person being added or removed from our records:

MGR = Manager (((H210001720713)))

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
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g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ite, if other than the date of filing.
te, if other than the date of filing: (optional) 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) date inserted in this block does not meet the applicable state to 51.
The state of the s
effective date on the Department of State's records.
ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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M 2021
May 1 2021
Olid Son
Signature of a member or authorized representative of a member
ravid Simon

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