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## **COVER LETTER**

O: Registration Division of C			₹ <b>7</b>
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ne enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
ease return ail corres	spondence concerning this matter	to the following:	
	CHA	RUITE OFERA	· · · · · · · · · · · · · · · · · · ·
	POYAL TAU	Firm/Company	intent lla
		XIE HIGHWAY  Address	
		City/State and Zip Code	
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r further information	n concerning this matter, please ca	ill:	
	e of Person	at (35) 213 Area Code Daytime	95 /2 Telephone Number
aclosed is a check fo	r 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)

### 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

( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	ompany were filed on	$\sqrt{19/2018}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	PESS)	
Enter new mailing address, if applicable:		3
(Mailing address MAY BE A POST OFFICE BOX)		:2:
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
		, 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>	Name	Address	Type of Action
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on effective date is listed of the control of the date insert		and cannot be price I meet the appli	or to date of fiting or cable statutory fil	more than 90 days after	o <b>nal)</b> filing.) Pursuant to 605.020 s date will not be listed a
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Filing Fee: \$25.00