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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 10-100/ Kee / 4 I 11/05 1 ment LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Junior Juan Charles Name of Person
- Marional Routry Towest near LC
3420 SIV Emolon Street Address
Food Saint Licio FL 34 953 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Times Jeon Chorle at (SG) 530-9679 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Enclosed is a check for the following amount:    S25.00 Filing Fee

### 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

WAtional Resty	Invistment LLC	<del></del>
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 17111786337.	were filed on $12 - 13 - 2018$ ar	d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	Thurstonat LLC	<del></del>
The new name must be distinguishable and contain the words "Limited Liabil	lity Company." the designation "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:	///fi	
(Principal office address MUST BE A STREET ADDRESS)	2	
	·	
Enter new mailing address, if applicable:	JAN -2	er:
(Mailing address MAY BE A POST OFFICE BOX)	- TO !	
The state of the s	g. L	
	teo te	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ame of the new
Name of New Registered Agent:	1/A	
New Registered Office Address:		
· <del></del>	Enter Florida street address	
		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
<u> ÁlA</u>	A/A	11/17	Add
			Remove
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	·
If an el Note:	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.
The	e 90th day after the record is filed.
The	
The	e 90th day after the record is filed.
The	e 90th day after the record is filed.

Page 3 of 3

Filing Fee: \$25.00