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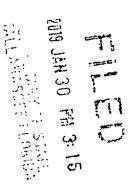
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COVER LETTER

TO:	Registration Secti Division of Corpo				
SUBJF	ССТ:	Polished Name of Lim	Yet Rothless ited Liability Company	LLC	
The end	closed Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please	return all correspond	ence concerning this matter	to the following:		
		Polisha Rerfield be Sushqua	Pach PL 3342 City/State and Zip Code Output City/State and Zip Code Output City/State and Zip Code Output City/State and Zip Code	13. Com. ===	e 33
	her information cond Name of Po	eerning this matter, please ca	at ()	- So 2 - So 3	JAN 30 FII S: 15
\ \$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 tadditional copy is enclos	

MAILING ADDRESS:

TO:

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 Cornus	thy as it now appears on our records)
(Name of the Limited Liability Compa (A Florida Limited) The Articles of Organization for this Limited Liability Company Florida document number 1290009060	were filed on $1-7-19$ Sand 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 Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1ity Company," the designation "LLC" or the abbreviation "L.L.C." 212 & 95+ hillsboro Alvel Sure 33° Deprheted beach FL 33443
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Jid East hillsboro bluck Suite 339 Deerheid beach FL 33443
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new e:
Name of New Registered Agent: New Registered Office Address:	QVIETE 1) CUSUNOVA East hillsbord bivd Svite# 339
<u>I Reyn</u>	City Florida 3949 Sip 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> <u>Address</u> Type of Action _□ Remove ☐ Change

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ctive date, if other than the date of fi effective date is listed, the date must be specific	ling: and cannot be prior to a	late of filing or more tha	(optional) n 90 days after filing.)	Pursuant to 605.02
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ecord specifies a delayed effectiv	e date, but not a	n effective time,	at 12:01 a.m. o	n the earlier
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Filing Fee: \$25.00