0000/2288

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R. WHITE FEB 0 8 2019

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: SOU	THWEST Name of Limite	TH AVE 250, and Liability Company	LLC
The enclosed Articles of An	nendment and fee(s) are subm	uitted for tiling.	
Please return all corresponde	ence concerning this matter to	the following:	
	Christop	her Dolce Name of Person	
		Firm/Company	 -
	15928 We	st Wind Circle	o >=
	Syncis	City/State and Zip Code alestate @ 9m9 be used for future annual report hotificat	16
	dolcere E-mail address: (to	alestate @ ama	Com
	erning this matter, please cal		
Christon Name of Po	oher Dolce	at (954) 557 Area Code Daytime Te	5472.
Enclosed is a check for the t	ollowing 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

FILED

SOUTHWEST II	TH AVE	a50 L	LC records.)	2019 FEB - 1	PH 2:57
(Name of the Limited (A	Florida Limited Liability	Company)	recare	SECRETAL TALL AND S	Ur STATE
The Articles of Organization for this Limited Liab	oility Company were f	iled on	0/2019	and assi	gned
Florida document number <u>L190001</u>	1288				
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liability co	impany here:			
_					
The new name must be distinguishable and contain the wor	ds "Limited Liability Con	many," the designation	on "LLC" or th	e abbreviation "L.	J.C."
Enter new principal offices address, if applicab	ołe:				
(Principal office address MUST BE A STREET	ADDRESS)	 			
					<u> </u>
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u> </u>		<u> </u>		
B. If amending the registered agent and/o	r registered office :	address on our	records, <u>en</u>	ter the name	of the new
registered agent and/or the new registered offi	ce address here:				
Name of New Registered Agent:	Christ	opher	Dola	<u>.e</u>	
	15928	illoct 1	diad	Circle	
New Registered Office Address:	_ 12/80_	Enter Florida stre	et address		
	Suncis	و	Florid	<u>3332</u>	6
	(lity		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
			C Remove
			Change
			☐ Remove
			Change
			□ Remove
			Change
			🖸 Add
			□ Remove
			Change
			[] Add
			B Remove
			Change
			[] Add
			Remove
			Change

_ . . .

O. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	<u></u>
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
	ramicaneminalamiani (amicanem) Ilangi laniamicani (serio) hemine)
Dated	Signature of a member or authorized representative of a member
	Christopher Dalce Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00