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| (Re | questor's Name) | |
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| (Cit | ry/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAiL |
| (Bu | siness Entity Nar | me) |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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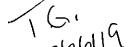
Office Use Only



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COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|---------------|--------------------------------------|--|---|---|
| emo ne | | son 701, LLC | | |
| SUBJE | C1 | Name of Limi | ited Liability Company | |
| | | Amendment and fee(s) are sub- | | |
| Please r | eturn all correspor | idence concerning this matter | to the following: | |
| | • | Larry Robinson | | |
| | | | Name of Person | |
| | | Larry Robinson 701, LLC | | |
| Firm/Company | | | | |
| | | 2427 Wiley St | | |
| | | | Address | |
| | | Hollywood, FL 33020 | | |
| | | | City/State and Zip Code | |
| | | wardr411@yahoo.com | | |
| | | E-mail address: () | to be used for future annual report notifica- | ation) |
| For furt | ther information co | neerning this matter, please co | all: | |
| Larry F | Robinson | | 954 394-4124 at () | |
| | Name of | Person | Area Code Daytime T | elephone Number |
| Enclose | ed is a check for th | e following amount: | | |
| ■ \$25 | 5.00 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

| Larry Robinson 701, LLC | | |
|--|---|--|
| (Name of the Limited Liab (A Flor | oility Company as it now appears on our da Limited Liability Company) | r records.) |
| The Articles of Organization for this Limited Liability Florida document number <u>LIGOOO 13880</u> | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the li | mited liability company here: | |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the designat | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADI | DRESS) | |
| | | |
| | | records, enter the name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stre | et address |
| | | Florida |
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enterprincipal agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address | 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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|--|----------------|
| AMBR | Gloria Ward Lomax | 3921 NW 177th st | ■ Add |
| | | Miami Grader, A 33055 | ☐ Remove |
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| Effective d | late, if other than the date of filing: (optional) c date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursa | | | |
| Note: If the | e date inserted in this block does not meet the applicable statutory filing requirements, this date will n | iant to to to to to the l | 505.020 isted a | 07 (3) Es the |
| document's | seffective date on the Department of State's records. | | | |
| | specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the hold day after the record is filed. | ne ea | rlier | of: |
| | 2019 | | | |
| Dated Feb | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00