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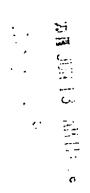
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COVER LETTER

Division of Corporations			倉井 ご		o and
	valk Circle W, LLC				
SUBJECT:	Name of Lim	ited Liability Company	1	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Edwin L. Crammer CPA				
		Name of Person			
	Edwin L. Crammer, PA				
		Firm/Company			
	3801 N University Drive S	Suite 318			
		Address			
	Sunrise, FL 33351				
		City/State and Zip Code			
	edwin@edwinlcrammerpa.				
	E-mail address: (to be used for future annual report n	otification)		
For further information of	concerning this matter, please c	all:			
Edwin L. Crammer CPA	\	954 743-8700			
Name (of Person	at () Area Code Dayi	ime Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	ING ADDRESS:	STREET/COU Registration Sec	RIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AR JUNIO MAIL

131 Riverwalk Circle W. LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/08/2019 and assigned Florida document number <u>L.1</u>9000039875 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 "L.L.C." or the abbreviation "L.L.C." Enter 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, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __. Florida ___ City 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 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>M</u>	Carolyn Neemar	2965 Hidden Harbour Street Fort Lauderdale, FL 33312	B Add
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E. Effective date, if other that (If an effective date is listed, the date inserted in document's effective date on	te must be specific and a his block does not ma	cannot be prior to date cet the applicable st	of filing or more than 90 atutory filing requiren	(optional) days after filing.) Pursuan nents, this date will not	nt to 605.0207 (3, be listed as the
If the record specifies a de (b) The 90th day after the		ate, but not an e	effective time, at	12:01 a.m. on the	earlier of:
Dated June 5	Signature of a m	2019 M. C. C. ember or authorized re	epresentative of a memb	ur	
	·g·········		,		
Ronald Neemar					
		Typed or printed name	of signee		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00