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COVER LETTER

TO: Registration Se Division of Cor			
GOMEZ IN	NVESTMENTS & ACQUISIT	IONS, LLC.	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KERRY GOMEZ		
		Name of Person	
		Firm/Company	<u>.</u>
	136 W PLUMOSA LANE	:	
		Address	
	LAKE WORTH, FL 3346	7	
	KG.PROPERTYMANAGE	City/State and Zip Code	
		to be used for future annual report notifi	ication)
For further information of	oncerning this matter, please ca	all:	
KERRY GOMEZ		561 601-6913	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following 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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOMEZ INVESTMENTS & ACQUISITIONS, LLC.

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L19000050587	pany were filed on 02/20/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
4689 LUCERNE LAKES BLVD E APT 103, LLC.		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 15
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7020 JUH -8 AMILI
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	Zin 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 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
			□Add
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Filing Fee: \$25.00