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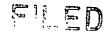
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		*	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ROBERT F CONRAD		
		imited Liability Company ubmitted for filing. er to the following: Name of Person Firm/Company T, SUITE 605 Address .22 City/State and Zip Code :: (to be used for future annual report notification)	
SUBJECT: Name of Limited Liability Company			
		Firm/Сотралу	-
Division of Corporations ENCORE 7963 LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ROBERT F CONRAD Name of Person ENCORE 7963 LLC Firm/Company 8290 NW 27TH STREET, SUITE 605 Address DORAL, FLORIDA 33122 City/State and Zip Code RFCONE@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROBERT F CONRAD Name of Person At (236-3144 Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status			
	-	Address	otification) ime Telephone Number □ \$60.00 Filing Fee, Certificate of Status & Certified Copy
	DORAL, FLORIDA 3312	2	
	RFCONE@AOL.COM	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please c	all:	
ROBERT F CONRAD			
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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**



ENCORE 7963 LLC

2019 APR 25 AM 8: 37

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(X Forma Entr	med Blacking Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on FEBRUARY 22, 2019	and assigned
Florida document number L19000052815		
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 I	Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>S)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	ed office address on our records, <u>en</u>	ter the name of the ne
registered agent and/or the new registered office address	here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag		
I hereby accept the appointment as registered agent and	agree to act in this capacity. I further	agree to comply with th

r nereby 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHRISTOPHER R CONRAD	7330 SW 146 TERRACE	
		MANU EL ONIDA 22159	
		MIAMI, FLORIDA 33158	■ Remove
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	A PR II	L 22, 2019			
Effective date, if other than t	he date of filing:		(0	ptional)	
If an effective date is listed, the date r	nust be specific and cannot be	e prior to date of filing	or more than 90 days a	ifter filing.) Pursuant to 605.6	0207 (d.as.t
Note: If the date inserted in this document's effective date on the	Department of State's rec	cords.	ming requirements.	this date will not be listed	u as t
	•				
he record specifies a delay	ed effective date. bu	ut not an effectiv	ve time, at 12:0	1 a.m. on the earlie	r of:
The 90th day after the r	ecord is filed.		·		
APRIL 22 Dated		·			
Allow	1, 1, 1				
<u> </u>	Signature of a member of		ative of a mambar		
700	Signature of a member of	i audiorized represent	anve of a memori		
ROBERT F CONRA	D				
		r nrinted name of signs			

Page 3 of 3
Filing Fee: \$25.00
\$30.00