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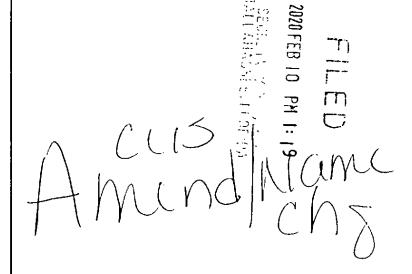
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: ENST C	onst ZE,	PATRIATION SOM	VICES, LLC.
	Name of Limi	ited Liability Company	
The enclosed Articles of Amendm	ent and fee(s) are sub	mitted for filing.	
Please return all correspondence co	oncerning this matter	to the following:	
	EAST COA	ST PEPANIAN Name of Person	MON SCRVICES, LLC.
	Jessic	A L. CMIL	
		,	
	2601 B1	y Drive Address	
	POM	DNWO BCNH F City/State and Zip Code	-1 33062
	Cruzites: (S2601 @ 94177/ to be used for future animal report not:	ication)
For further information concerning	g this matter, please ea	all:	
Tarica /	~	601 1115	-7/1/6
Name of Person	Cry C	at (<u>454)</u> <u>4/5</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the following	ng amount:		
□ \$25.00 Filing Fee).00 Filing Fee & ertificate 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 Addrass		Street Address:	
Mailing Address: Registration Section		Registration Sec	ction
Division of Corporati	ions	Division of Cor	•
P.O. Box 6327 Tallahassee, FL 3231	4	The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Huch 11, 2019 and assigned Florida document number <u>19000068431</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) o Benut F1 33062 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

New Registered Agent's Signature, if changing Registered Agent:

Circ

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
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		FORT LAWRENCE FZ 33	3/5 Remove
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			□Add
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Filing Fee: \$25.00