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## **COVER LETTER**

TO:	Registration Section Division of Corpora		•		
CUBII	· Aver.	Piper thi	USING, LLC		
SUBJI	.cr:	Name of Limi	ted Liability Company	<del>-</del>	
The en	closed Articles of Ame	ndment and fee(s) are subt	nitted for filing.		
Please	return all corresponden	ce concerning this matter t	to the following:		
	_	В	Name of Person		~ ~
	_		Piper Housing, LLC		
	_		673 Actumn Cre.		,
	_		issimmee, FL 34		د.
			City/State and Zip Code  © 9mail. (om o be died for future annual report notific		
For tur	ther information concer	ming this matter, please ca	all:		
	Bailey	Kecfer	at ( <u>908</u> ) <u>783</u> Z Area Code Daytime	721 Telephone Number	
Enclos	ed is a check for the fol	lowing amount:			
<b>k</b> 52	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 State Certified Copy tadditional copy is encl	
	MAILING Registration		STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Piper Housing,	LLC				
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	v as it now appears on our records.) ability Company)				
The Articles of Organization for this Limited Liability Company were filed on $\underline{March\ 21,2019}$ Florida document number $\underline{L\ 1\ 9\ 0\ 0\ 0\ 7\ 4\ 6\ 3\ 7}$					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company here:	_			
Binklo, LLC		;			
The new name must be distinguishable and contain the words "Limited Liabilit					
Enter new principal offices address, if applicable:	NIA	<del> </del>			
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:	N/A	2			
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		e name of the 1			
Name of New Registered Agent:	N/A				
New Registered Office Address:	Enter Florida street address				
	, Florida				
	City	Zıp Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am fan ovided for in Chapter 605, F.S. Or, if i	iiliar with and this document is			

If Changing Registered Agent, Signature of New Registered Agent

NIA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ac or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Change
			☐ Remove
			Change
			Add
			☐ Change
			:⊃ □ Add
			Remove
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Filing Fee: \$25.00