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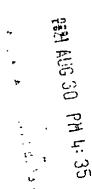
(Requestor's Name)
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COVERLETTER

Registration Section

TO:

Division of Corp	porations	
2	bay Shore 10	vol. 11C
SUBJECT:	Name of Limi	ited Liability Company
	• • • • • • • • • • • • • • • • • • •	and the Client
	Amendment and fee(s) are sub	
Please return all correspon	ndence concerning this matter	to the following:
	T	
	<u> </u>	D'A Ngelo Name of Person
		Name of Person
		Firm/Company
	709 E	las Olas Blud
		Address
	E la las	1.1 F 22201
	E lauder	City/State and Zip Code Ohn @ dangeloreatty.com to be used for future annual report notification)
	i	ohna danadorealto com
	E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please ca	all:
Name o	f Person	at () Area Code Daytime Telephone Number
ranc o		
Enclosed is a check for th		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy ☐ Certificate of Status
1		(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address	<u>ss:</u>	Street Address:
Registration S		Registration Section
Division of C P.O. Box 632	-	Division of Corporations The Centre of Tallahassee
Tallahassee,		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Bayshore	1004	JLLC			
(Name of the Limited Liabilit	ty Company as it Limited Liability	now appears or	our records.)		-
The Articles of Organization for this Limited Liability C Florida document number <u>L</u> 90000 82		filed on Ma	1hh 25 201	q and	assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ited liability co	ompany here:			
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable:	ited Liability Cor	npany," the desig	nation "LLC" or the	abbreviation	"L.L.C."
(Principal office address MUST BE A STREET ADDR	 RESS)	·		وفع	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				91 MUG 30 PM 4: 35	1
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office addre	ss on our reco	ords, <u>enter the na</u>	me of the	new registe
Name of New Registered Agent: New Registered Office Address:	HN D'A 709 E	tNgelo Las Enter Florida	Olas Bl street address	vd	
	i Lauder	dale_	Florida _	333 Zw Co	O
Now Dogistered Agent's Signature if changing Registere	d Avent:	•		•	

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 or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Actio Address** Title Name Russell Kimbrell 709 E Las Olas Blud DAdd Fe Lauderdale, fr 33301 Remove _____ □Change Kossell Kimbrell MGR 709 E Les Olas Blvd __ add Fe Landerdale Fr 33301 Skemove Change MAN MANGERE □Remove ____ 🗆 Change □Remove __ □Change □Remove

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record s d is filed		ed effective date,	out not an ef	ffective time	. at 12:01 a.n	n, on the earlie	rof:(b) Th	e 90th day after
Dated /	l ugust	70	·	2021	.//			
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