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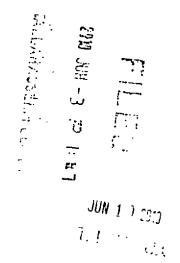
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COVER LETTER

Division of Corp	orations		
SUBJECT:	TTORS BUI Name of Limi	HOUSES, UC	<u> </u>
The enclosed Articles of A	amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	MARIUSZ	BIELECKI Name of Person	
	OATOILS BU	H Houses, C	LC
	2825 Paun	BEACH BUD #	115
		FRS FC 33 6 City/State and Zip Code	716
	gators by E-mail address: (i	oloc used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	ill:	
WAR W3 Z Name of	BIVEUECK Person	at (234) 990 Area Code Daytime	- 4237 e Telephone Number
Enclosed is a check for the	e 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:

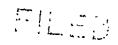
TO:

Registration Section

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



GATORE RULLA	Sec 116	74:1 G E- HUL
(Name of the Limited Liability Compan (A Florida Limited Li	as it now appears on our records.).	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1900084844</u>	ere filed on 3 27 19	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" o	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ce address on our records, g	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da Zip Code
	City	Zip 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 paccept the obligations of my position as registered agent as probeing 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 ovided for in Chapter 605, F.:	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR BRIAN L	BRIAN LUDDEN	1502 ALCAZAR AVE	Add
		1502 ALCAZAR AVE FORT MYERS FL 33901	
			□ Change
			□ Add
			□ Remove
			Change
			🗖 Add
			🗆 Remove
			_□ Change
			_□ Add
			_□ Remove
			Change
			Add
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D. If amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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r rec 4	
(If an effe <u>Note:</u> I	ce date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	May 27TH Z019
	Signature of a member or authorized representative of a member
	MARIVSE BIEFELLY Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00