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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
AND ASSET TO ADDRESS TO ADDRE

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## **COVER LETTER**

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MAILING ADDRESS:

TO:

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

filed on <u>04/01/2019</u>	and assigned
ompany here:	
upany," the designation "LLC"	or the abbreviation "L.L.C."
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RT MYERS FL 33901	- 100 PM - 1
address on our records	STOR AND ORDER OF the
Enter Florida street addres:	y .
, Flo	orida
City	orida Zip Code
	Enter Florida street address

If Changing Registered Agent. Signature of New Registered Agent

company has been notified in writing of this change.

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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. If amending any other information, enter change(s) here: (Attach addi	
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. Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing on Note: If the date inserted in this block does not meet the applicable statutory for document's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605,020. ( filing requirements, this date will not be listed as ti
the record specifies a delayed effective date, but not an effective). The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier of:
Dated 04/13 . 2019.	
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Dated 04/13 . 7019.  R== 9,0 Scalas Riving  Signature of a member or authorized represents	ative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00