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COVER LETTER

| SUBJECT: Michelle DeFreitas Management LLC Name of Limited Liability Company | | Registration Sec Division of Corp | | | |
|--|---|---|--|--|-------------------------|
| Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Miguel Musaib ALi Name of Person Michelle DeFreitas Management LLC Firm/Company 11821 nw 6th court Address Plantation, FL 33325 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Miguel Musaib Ali 786 859-5223 at (| | | | | |
| Please return all correspondence concerning this matter to the following: Miguel Musaib ALi Name of Person Michelle DeFreitas Management LLC Firm/Company 11821 nw 6th court Address Plantation. FL 33325 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Miguel Musaib Ali Name of Person 1786 859-5223 at (Area Code) Daytine Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee | SUBJEC | T: | Name of Limit | ted Liability Company | |
| Miguel Musaib ALi Name of Person Michelle DeFreitas Management LLC Firm/Company 11821 nw 6th court Address Plantation, FL 33325 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Miguel Musaib Ali at (Area Code 859-5223 Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filling Fee \$30.00 Filling Fee & \$60.00 Filing Fee, | The encle | osed Articles of A | Amendment and fee(s) are sub- | nitted for filing. | |
| Name of Person Michelle DeFreitas Management LLC Firm/Company 11821 nw 6th court Address Plantation. FL 33325 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Miguel Musaib Ali Name of Person Table 1859-5223 at (786 at | Please re | Miguel Musaib ALi Name of Person Michelle DeFreitas Management LLC Firm/Company 11821 nw 6th court Address Plantation. FL 33325 City/State and Zip Code E-mail address: (to be used for future annual report notification) auther information concerning this matter, please call: 186 859-5223 | | | |
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| Firm/Company 11821 nw 6th court Address Plantation. FL 33325 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please cail: Miguel Musaib Ali 1786 1859-5223 281 | | | | Name of Person | |
| Address Plantation. FL 33325 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Miguel Musaib Ali at (| | | Michelle DeFreitas Manage | ement LLC | |
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| Plantation, FL 33325 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Miguel Musaib Ali 786 859-5223 at (| | | 11821 nw 6th court | | |
| City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Miguel Musaib Ali | | | | Address | |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Miguel Musaib Ali Table 1 | | | Plantation, FL 33325 | | |
| For further information concerning this matter, please call: Miguel Musaib Ali Name of Person The please call: Area Code The please call: Area Code Daytime Telephone Number Enclosed is a check for the following amount: Second Filing Fee Second S | | | - <u>* * * * * * * * * * * * * * * * * * *</u> | City/State and Zip Code | |
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| Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc | Miguel | Musaib Ali | | | |
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| (additional copy is enclosed) Certified Copy | □ \$ 25 | .00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & |

MAILING ADDRESS:

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

| Michelle DeFreitas Management LLC | | |
|--|--|--|
| (Name of the Limited Liability Company (A Florida Limited Lia | v as it now appears on our recordability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Liability Company we Plorida document number L19000092113 This amendment is submitted to amend the following: | vere filed on 4/3/19 | and assigned |
| A. If amending name, enter the new name of the limited liabil | iity company here: | |
| OURDR LLC | | |
| The new name must be distinguishable and contain the words "Limited Liability | ty Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 20 Al. |
| (Principal office address MUST BE A STREET ADDRESS) | | 12 7 5 mm |
| Trincipur office unurus 1900 / DE 710. | | 2 1 1 N |
| | | 2 6 |
| Enter new mailing address, if applicable: | | |
| - | | 92 : |
| (Mailing address MAY BE A POST OFFICE BOX) | | 2 D _A |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: | fice address on our recor | |
| | ряцег г югаа мгеел аоа | |
| | , 1 | FloridaZip Code |
| and the state of t | City | |
| New Registered Agent's Signature, if changing Registered Agent: | un to ant in this agreeates I | further carge to comply with th |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office | performance of my duties, provided for in Chapter 60: | and I am Jamiliar with and 5, F.S. Or, if this document is |

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 added or removed from our records:

| MGR = M $AMBR = A$ | lanager uthorized Member | | |
|--------------------|-----------------------------|---------|--|
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