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COVER LETTER

ΓΟ: Registration S Division of Co			
	GINNY LLC		
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DANIELLE J. BUTLER		
		Name of Person	
	LUXURY LAW GROUP		
		Firm/Company	
	909 EAST LAS OLAS BO	DUEVARD	
		Address	
	FORT LAUDERDALE, F	L 33301	
	DBUTLER@LUXURYLA	City/State and Zip Code WGROUP.COM	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
CHERELL MURPHY-	JONES	954 745-0799 at ()	
Name of Person			Telephone Number
Enclosed is a check for	the 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)
MAII	LING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EARL & GINNY LLC			
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) y)	_
The Articles of Organization for this Limited L	APRIL 4, 2019 an	d assigned	
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability company	here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if appli	cable:	<u> </u>	
(Principal office address MUST BE A STREE	ET ADDRESS)		\$ T1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	*85EE - 91 ORIO	28 01 HV 1-
B. If amending the registered agent and registered agent and/or the new registered of	Ç.	on our records, enter the na	ame of the ne
Name of New Registered Agent:			
New Registered Office Address:	909 EAST LAS OLAS BOUL		
		Florida street address	
	FORT LAUDERDALE	, Florida ³³³⁰¹	
	City	Zip (Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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 each person being adder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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		MAY 31, 20)19				
. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this bl document's effective date on the D	st be specific and ock does not m	cannot be prior neet the applica	able statutory	or more than 90 d	_ (optional) lays after filing.) Prents, this date wi	irsuant to Il not be	o 605.0207 (listed as t
the record specifies a delayed b) The 90th day after the rec	d effective d ord is filed.	ate, but no	t an effectiv	ve time, at 1	2:01 a.m. on	the e	arlier of:
Dated MAY 31ST	,	2019	<u></u> ·				

Page 3 of 3

Typed or printed name of signee