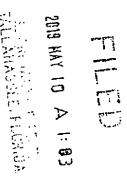
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COVER LETTER

то:	Registration S Division of Co	ection rporations		
SHRIF	Ady's Red	land Groove LLC		
30031	<u> </u>	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Nelson Gonzalez		
		Ady's Redland Grove LLC	Name of Person	
		20605 SW 184th ST	FinteCompany	·
		Miami, Fl 33187	Address	
		NELSONGONZALEZJR@	City/State and Zip Code)GMAIL.COM	
		E-mail address: (to be used for future annual report not	ification)
For furt	ther information c	oncerning this matter, please ca	all:	
Nelson Gonzalez			786 556-5344 at ()	
	Name o	f Person		ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Fifing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

.

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adv's Redland Groove LLC 2019 HAY 10 A 1: 83 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 29, 2019 (ASSLE, FLUKIÚA) and a and assigned Florida document number L19000115848 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ady's Redland Grove LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida ___

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

MCK =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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Effective d	ate, if other than	the data of GI	l:			(antional)	
(If an effective Note: If the	date is listed, the date date inserted in the effective date on the	e must be specific : is block does no	and cannot be pot meet the app	tior to date of filing olicable statutory	or more than 90	days after filing.) Pr	irsuant to 605,020 I not be listed a
	specifies a dela h day after the			not an effect	ive time, at 1	2:01 a.m. on	the earlier o
Dated			/ · ——	·			
	7	/ ./	1				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00