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COVER LETTER

TO:

TO: Registration So Division of Cor	rporations		
SUBJECT: 475	-7 S Oran	ge Ave, LL	<u> </u>
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Frank Sp	Name of Person	
	4757 5	Drange Ave	16C
	4757 5 01	ange Ave	-
	Bilando	FL 32806	,
	Frank Q	FL 32806 City/State and Zip Code Oor Ch WP - Cor to be used for future annual report no	(Gratian)
For further information	concerning this matter, please ca	to be used for fature united report no	uncanon)
	=	at (32-) Area Code 32-/	-663-6378
Natne c	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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)
Registi Divisic P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4757 5 01	Irange Ave, LLC
(Name of the Limited Liability	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 1900</u> 0123460	ompany were filed on $\frac{5/7/2019}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ted liability company here:
The new name must be distinguishable and contain the words "Limite	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	22
(Principal office address MUST BE A STREET ADDRE	ESS)
	<u> </u>
	: 5 F
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	ered office address on our records, <u>enter the name of the ness here</u> :
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	
	Enter Florida street address
	Florida
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Aarron Hope		
		19427 Villa City RD GROVE land FL/32750	Remove
		6ROVE land FL/32/30	Change
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ote: If th	ate, if other than the date of filing: 2/1//2020 (optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put e date inserted in this block does not meet the applicable statutory filing requirements, this date will effective date on the Department of State's records.		
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on h day after the record is filed.	the earl	lier (
record The 90t			
The 90t	2/10/2020		
The 90t	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00