L19000131706

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COVER LETTER

TO:	Registration Se Division of Cor							
CUDIC		BOROUGH LLC						
SUBJE	Cr:	Name of Limited Liability Company						
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please	eturn all correspo	ndence concerning this matter	to the following:					
		LELAND M. MORRIS						
		17939 FOXBOROUGH LI	Name of Person L.C					
		1008 GRAND COURT,	Firm/Company					
		HIGHLAND BEACH, FL	Address 33487					
		LEE@MORRISHQ.COM	City/State and Zip Code	<u>. </u>				
		E-mail address: (to be used for future annual report notif	ication)				
For fur	her information c	oncerning this matter, please ca	all:					
LELA	ND MORRIS	f Person	561 756-6378 at ()	: Telephone Number				
	Name (reson	Area Code Daytine	: Telephone (vumber				
Enclose	ed is a check for th	ne 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)				

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

17939 FOXBOROUGH LLC		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our reted Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa	any were filed on MAY 15, 20	19 and assigned
Florida document number L19000131706		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:	N/A	2019 AUG
(Mailing address MAY BE A POST OFFICE BOX)		
		- T
		SE: A
B. If amending the registered agent and/or registered registered agent and/or the new registered office address }	l office address on our rec <u>here</u> :	cords, enter the name of the ne
	1	F. 10
Name of New Registered Agent:	N/A	
New Registered Office Address:	,	
	Enter Florida street a	ddress
		_, Florida
	City	Zip Code

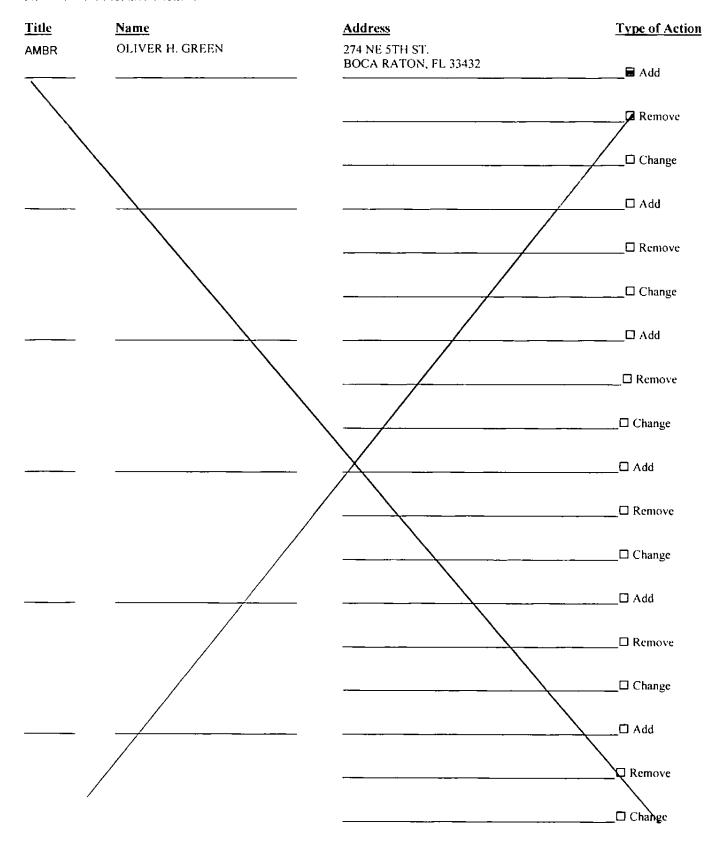
New Registered Agent's Signature, if changing Registered Agent:

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



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(If an effective date Note: If the date	, if other than the date of e is listed, the date must be spe tte inserted in this block do ective date on the Departm	ecific and cannot be prior to c es not meet the applicabl	late of filing or more than	(optional) 90 days after filing.) Prements, this date wi	ursuant to 605.020 If not be listed a
	ecifies a delayed effe lay after the record is	s filed.		it 12:01 a.m. on	the earlier o
(b) The 90th d		- 0			
(b) The 90th d	AUGUST 10 Signate	<u> </u>			

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Filing Fee: \$25.00