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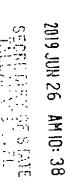
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Property Control Name of Limited Liability | 25 LLC Company |
| The enclosed Articles of Amendment and fee(s) are submitted for fi | ling. |
| Please return all correspondence concerning this matter to the following | ving: |
| | of Person |
| Property C | Company |
| 1971 W LUM | sden Rd, Sti232 |
| Sinn don Fo | and Zip Code Tuture annual report notification) |
| E-mail address: (to be used for | r future annual report notification) |
| For further information concerning this matter, please call: | 313 |
| Enclosed is a check for the following amount: | |
| Certificate of Status Cert | Of Filing Fee & S60.00 Filing Fee. ified Copy tional copy is enclosed) 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

| (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 6-5-2019 and assigned Florida document number L19 DDD 15 4 2 7 7 |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." [7] [8] [8] [8] [8] [8] [9] [9] [9] [9] [9] [9] [9] [9] [9] [9 |
| 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) 38 |
| 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 |

If Changing Registered Agent, Signature of New Registered Agent

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 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> | | <u>Address</u> | Type of Action |
|--------------|-------------|--------|---|-------------------|
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| in effe <u>ote:</u> I | ce date, if other than the date of filing: |
| | ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier 90 th day after the record is filed. |
| nted _ | <u>[-24=]</u> <u>Z019</u> . |
| | Signature of a member or authorized representative of a member |
| | Jahn Ditato Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00