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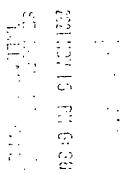
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COVER LETTER

TO: Registration Se Division of Cor		٠	÷
SUBJECT: AT-	2K. 305 LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Keu		
		Name of Person	<u>-</u>
	新		
	<u></u>	Firm/Company	
	2000 NE	135th St. Apt Address	403
	North Mi	ami FL, 33181 City/State and Zip Code	C 23
	AR V 305/ E-mail address: (LC GMAIL. C	
For further information c	oncerning this matter, please c	all:	
Keun Lop	<i>e</i> -7	at (365) 76.3-5	5995
Name o	f Person	Area Code Daytime	Telephone Number - (2)
Enclosed is a check for the	ne following amount:		
12 \$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)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sect	ion
Division of C		Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARK 305 LCC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	ers on our records.)
The Articles of Organization for this Limited Liability Company were filed on	7/15/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
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 ragent and/or the new registered office address here:	records, enter the name of the new register
	-10 B
Name of New Registered Agent:	
New Registered Office Address:	
	orida street address
	, Florida
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	, (5)

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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